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Entered as Second-Class Matter May 29, 1891, at the Post Office at Chicago, Ill., under Act of March 3, 1879
PUBLISHED MONTHLY. \$2.00 a year. MEDICAL RECORDER PUB. CO., 81 E. Madison St., Chicago

Volume XLVII

JANUARY, 1925

Number One

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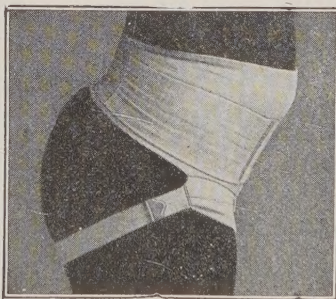
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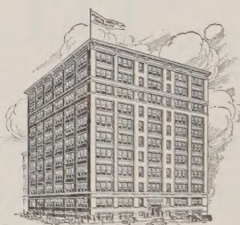
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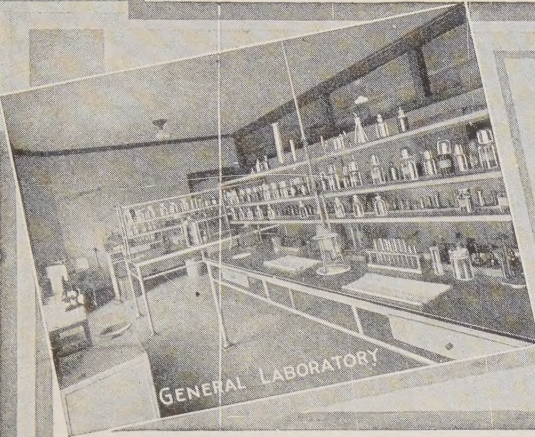
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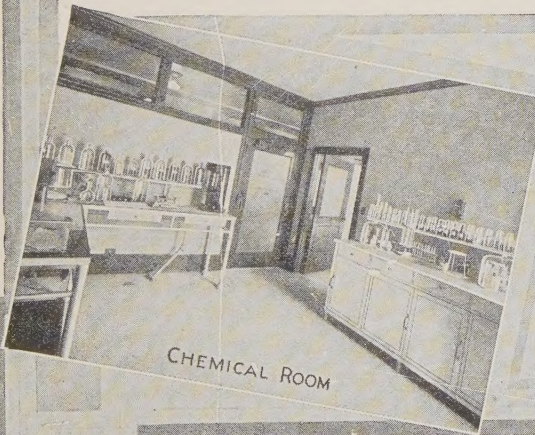
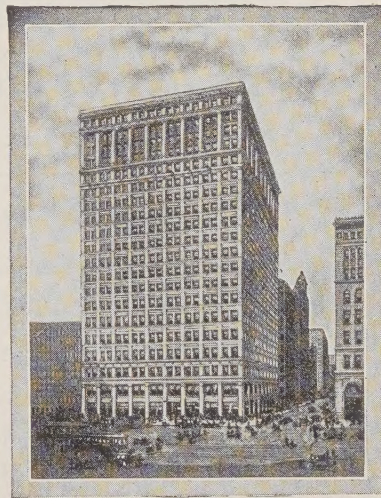
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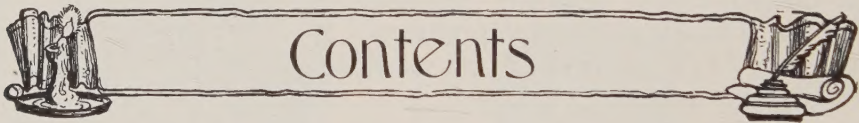


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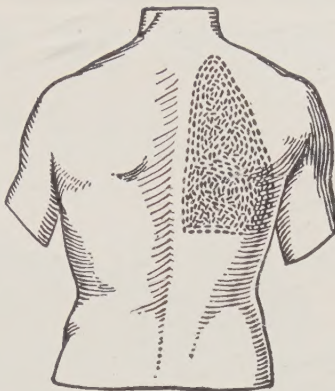
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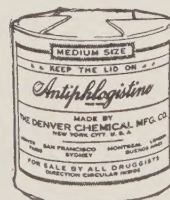
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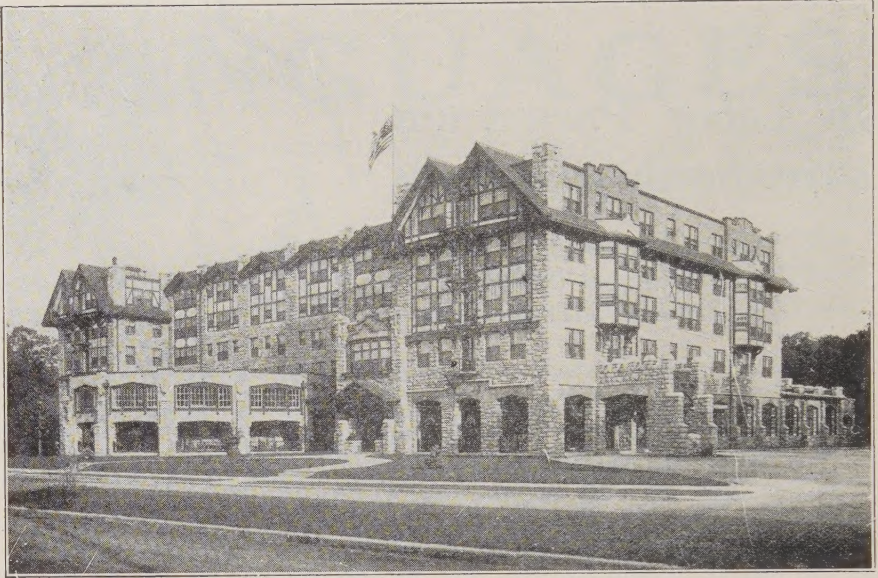
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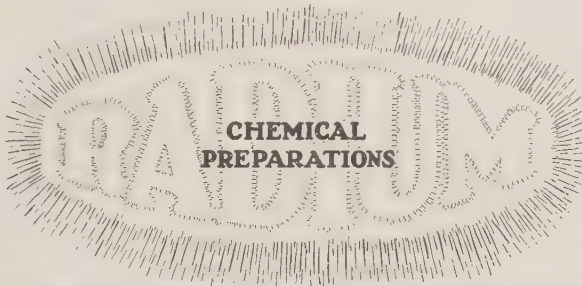
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Vol. XLVII

JANUARY, 1925

No. 1

Original Articles

UNIVERSAL CURES, ANCIENT AND MODERN*

By A. J. CLARK, M.C., M.D., F.R.C.P.,
Professor of Pharmacology, University College, London

Any general discussion of quackery is far too big a subject for a single paper.

This paper is confined to certain universal cures, brought forward by men of considerable medical knowledge, who nevertheless appear to have genuinely believed that they had discovered a universal cure for disease. Most of the cures discussed appear to have some real or supposed connection with electrical phenomena.

FRANCIS ANTHONY MESMER*

During the last two centuries there has been a general tendency for universal cures to be connected with electricity and magnetism. About 1750 a widespread idea was established that the mysterious new phenomena of electricity and magnetism were manifestations of a force which, if properly applied, would act as a remedy for all known diseases.

This vague popular idea was first exploited on a large scale by Francis Anthony Mesmer (1773-1815). Mesmer started with an interest in astrology, and wrote his thesis for the M.D. of Vienna on the subject of the influence of the planets on the human body. He next spent many years experimenting with the Imperial astronomer Père Maximilian Hell on the effects produced by magnets when applied to the diseased body, and he attained considerable success by practising in Vienna along these lines. He discovered, however, that he could influence patients without magnets and even without touching them, and thus developed a form of treatment by suggestion. Professional jealousy drove him from Vienna, and he went to Paris in 1778, where he attained sensational success by methods which really consisted in treatment by suggestion reinforced by an imposing display of imitation electrical apparatus. Like most enthusiasts who believe that they have dis-

*Reprinted by request from the British Medical Journal, October 18, 1924.

covered a universal remedy, Mesmer expressed the utmost contempt for orthodox medicine, and resolutely refused to submit his apparatus to any form of test.

The measure of his success in Paris is indicated by the fact that he was supported by a large number of doctors, headed by Dr. D'Eslon, President of the Medical Faculty of Paris; moreover, he is said to have made £16,000 in fees in two years, and the Government offered him a pension of about £1,000 a year provided that he established a *clinique magnétique* and instructed three State-appointed persons in his methods. Mesmer refused this offer, but in 1783 a number of well-to-do persons subscribed a total of about £14,000, in return for which Mesmer agreed to instruct them as pupils.

Mesmer therefore enjoyed the support of a large and powerful section of Parisian society, but his methods soon found imitators, and the wholesale exploitation of hysteria forced the Government into action. A strong commission was appointed, including amongst its members Lavoisier and Franklin. After five months' inquiry the commission decided that Mesmer's apparatus was incapable of producing any electrical or magnetic effects. They admitted that patients were profoundly affected, but thought that more harm than good was likely to be produced, and recommended the suppression of Mesmer's practices.

The most interesting points about Mesmer's success are as follows: He really did discover something—namely, the extraordinary effects that suggestion can produce in disease; on the other hand, he firmly convinced both himself and his patients that a complex and imposing apparatus, his famous tub, possessed marvellous powers of healing by the magnetic force it exerted, and yet the tub was incapable of producing the slightest electrical effect of any kind. The general similarity between Mesmer's tub and Abram's oscilloclast is very striking.

JAMES GRAHAM

James Graham had a fair knowledge of medicine: he studied at Edinburgh and may have taken his degree there. He picked up some knowledge of electricity in America. In 1780 he returned to Europe, and practiced in London and Bath, and also at Aix-la-Chapelle. He exploited electricity as a cure for all diseases; he apparently had a fair amount of knowledge of the subject, for he had constructed to his own design some unusually large electric friction machines, and apparently produced quite impressive sparks.

He converted a large house in the Adelphi in London into one of the most remarkable palaces of quackery that has ever been known. This Temple of Health was furnished throughout with most lavish ornateness: statues, armor, painting, immense pillars and globes of glass, remarkably arranged plates of burnished steel, and electrical apparatus of every description were included in the decorations. The general effect was intensified by soft music from an invisible orchestra and perfumes of spices. The chief shrine of the temple was the Grand Apollo Apartment; this contained a

throne, and above the throne a crown was suspended from which electric discharges could be produced. Patients were treated by being placed on the throne and having electric discharges played upon them.

In addition to the above methods of treatment, Graham claimed that by means of electricity he could extract from drugs ethereal extracts that were cures for all known complaints and which were indeed practically elixirs of life. For a constant supply of these medicines the modest fee of £1,000 paid in advance was demanded, and it is known that this sum was paid by several persons.

Graham was a tall handsome man of commanding presence and he reinforced the attractions of his electric sparks by providing a strong sex interest. He gave a lecture on the cure of sterility, with an entrance fee of six guineas; and a contemporary reports, "He uses the plainest language in dealing with the parts concerned with generation, yet ladies as well as men crowd to hear him without scruple." Graham issued his lecture in pamphlet form at the price of a guinea, and even by modern standards it must be ranked as remarkably obscene.

Extra attractions also were provided at the lectures, for Emma, the future Lady Hamilton, is said to have served as a nude model in his lecture on health. In addition, Graham's temple contained the famous piece of apparatus, his "Celestial Bed." This was an ornate couch around which electric discharges could be produced. The bed was guaranteed as a cure for sterility, and couples were allowed to use it on payment of a fee of \$50.

There is, however, another side to his character, for he gave very sound hygienic advice to his patients, recommending cold baths and fresh air, ideas that were then extremely uncommon. Moreover, Graham was a religious fanatic, and throughout his writings one finds declamations against war, and appeals for religious toleration blended with a kind of deism.

In the late years of his life Graham became insane. Southey called him "half enthusiast, half knave." Graham is chiefly interesting as a blend of religious enthusiast and obscene charlatan, and his writings are a proof of how complex and contradictory are the motives actuating the unbalanced minds of the discoverers of universal cures.

ELISHA PERKINS

The vogue of Perkins tractors is, I consider, the most interesting example on record of the sudden rise and fall of a universal delusion regarding a universal cure.

For many years Perkins, who was the son of a doctor and a graduate of Yale, lived as a successful practitioner in Connecticut; he was a man of fine physique and remarkable for his untiring energy. He was respected by his fellow practitioner, and acted as chairman of the local medical society. His strong personality and devotion to his professional duties won him a high prestige amongst his patients, and he was very impressed by the amount of benefit that patients appeared to derive from his mere presence.

Magnets and lodestones were still believed at this period to possess

medicinal powers—for examples, the Royal Society of Medicine in Paris concluded in 1779 that magnets were therapeutic agents of no ordinary efficacy. Perkins concluded that his personal influence was due to some occult magnetic force, and made experiments in treatment by the application of magnets and metals to the diseased parts. His son, in a short biography, states:

“These experiments, however, for many years added but little to the information he obtained from the first observation. The extreme uncertainty attending the results of all his experiments sometimes almost inclined him to think that this supposed discovery was all a fallacy, and the effects ascribable to imagination. In the year 1796, however, he acquired some new ideas on the subject which led to the discovery of the unequivocal influence of certain metallic substances on diseases, and the invention of the metallic tractors.”

These tractors were two sticks of metal, about as thick as lead pencils—one looking like brass and the other like steel. They were made of a mixture of various metals, including silver and gold, and were sold for five guineas a pair. Perkins believed that these tractors were capable of benefiting or curing practically all diseases both of men and animals. Their method of application was as simple as the tractors themselves, for it consisted in simply drawing the tractors downwards over the affected part for twenty minutes, and no previous knowledge was apparently needed for their application.

Perkins, who was a man of great energy and enthusiasm, travelled up and down the country demonstrating his invention. He demonstrated the use of the tractors in numerous hospitals, and his methods were endorsed by numerous doctors and professors, and he received the support of many of the leading men of the country, such as governors and judges. His methods naturally met with opposition, and in 1799 he was expelled from the Medical Society of the State of Connecticut on the ground that his patenting of his invention was contrary to professional etiquette.

In 1799 yellow fever ravaged New York, and Perkins went there to combat the epidemic with his tractors; he caught the disease, and died, after five days' illness, at the age of 59. This ending proves conclusively Perkins's absolute sincerity. Yellow fever is not a disease which anyone would encounter with a remedy which they knew to be worthless, but one would have imagined that his death would have raised doubts concerning the efficacy of his tractors. The vogue of the tractors was, however, undiminished. They had been introduced to Denmark by the wife of Major Oxholm, a Danish diplomat, and were investigated by the leading professors of surgery and medicine in Copenhagen, who issued a report stating that “The arguments against animal magnetism would not apply to Perkinism; that the discovery was of importance to the healing art; and that it merited the thorough attention of physiologists.” The report contains accounts of the cure of gout, rheumatism, and epilepsy and other diseases, and it was translated into German by Dr. Tode, physician to the King of Denmark.

England was, however, the seat of the greatest triumphs of Perkinism. The movement here was directed by Perkins's son, who came here about 1797; he was not a medical man, but possessed the instincts of a sound advertising agent. The tractors had a tremendous popular success, and were used with equal efficacy on humans, horses, and pet dogs. In 1804 a Perkinian Institute was founded in London, with Lord Rivers as president. The institute enjoyed the support of eight professors of four different universities, twenty-one physicians, nineteen surgeons, and thirty clergymen. It is said to have had a larger endowment than any other hospital in London.

There was, of course, opposition to the prevailing craze. In 1799 a Dr. Haygarth of Bath performed a few experiments with the help of some friends. They explained fully and impressively to a group of hospital patients that a miraculous new remedy had been discovered, and proceeded to treat them with imitation tractors made of wood. The results were striking; most of the patients declared themselves immediately cured or greatly benefited, although one or two stated that the pain of the treatment was so intense that they could not endure it. The hospital was soon surrounded by an excited mob demanding treatment with the new remedy. The experimenters apparently had a rather difficult and dangerous time when they had to explain that the whole business was a hoax.

The opinions of Perkins, junior, on this criticism are best indicated by the following headings of the pamphlet he published in reply:

"All these artifices having in view to prove that the tractors acted on the imagination, the author presented as an extinguisher of such pretensions, above an hundred cures on infants, horses, epileptic fits, tumefactions and inflammations.

"Among the vouchers to these facts were eight professors, in four different universities; eighteen regular physicians; fourteen surgeons; thirteen clergymen, etc.

"Very strange that the diminutive looking tractors should be pretended to have any influence on the imagination of a patient, from the confidence they might create.

"The writers in the *London Medical Review*, whose supply of bread depends on a continuance of the use of medicine in preference to this simple remedy, devote thirty-six pages to dissuading the public from trying metallic tractors.

"Reason for attaching far greater confidence to the testimony of the numerous respectable and *disinterested* characters adduced in this work than to the *interested* writers on the contrary side of the question."

It will be observed that the arguments for and against universal cures have not altered appreciably during the course of one hundred years. The cures always fail completely when subjected to any adequate control or test, and the reply to such criticisms is always the same: a high-minded philanthropist is working for trivial pecuniary rewards to provide mankind with a universal safeguard against disease, and this urgent and all-impor-

tant work is being obstructed by the selfish opposition of a profession which fears that its livelihood is being endangered.

I hope that I have indicated in this discussion the respect that I feel for Perkinism—the respect that one owes to any perfect example of its kind, even though it be but an example of human folly. Perkinism was a true artistic triumph in that a maximum effect was produced with the simplest possible technique. Half the civilized world was induced to believe that any disease could be cured by drawing over the diseased part two sticks of metal for twenty minutes. I do not think that this record in delusions has ever been rivalled, and I doubt if ever it will be surpassed.

Twenty years later, when the bubble had burst, it still seemed incredible to one who remembered the craze that the whole thing should have been a complete delusion. The idea that an enormous effect can be produced without any rational cause is offensive to the ordinary beliefs of mankind, and with every craze one hears the identical argument that there must be something in its because it is so widely believed and supported.

Perkinism is a remarkably clear-cut demonstration of the falsity of this assumption. There was no discoverable germ of truth in its practice; it achieved enormous popularity in a few years—testimonials as to its miraculous powers were supplied by thousands of persons, including many of the highest professional attainments; finally it fell into utter disrepute with equal suddenness. Like an epidemic the craze rose and raged and waned, without any apparent reason for its course. The only reason for the belief and for the disbelief seems to have been the rise and decline of a wave of delusion, and the whole history of the process shows how completely judgment can be inhibited by mass suggestion.

ALBERT ABRAMS, 1863-1924

Dr. Albert Abrams was a medical graduate of Heidelberg, and he practiced for many years as an orthodox practitioner in San Francisco. About fifteen years ago he began to seek for a universal cure for disease, and first brought forward the cult of spondylotherapy. This was a blend of osteopathy and chiropractic with some of the more glaring absurdities toned down. We cannot tell what form spondylotherapy would finally have assumed, for its development was dwarfed by Abram's next step—his discovery of the famous electronic reactions.

The electronic reactions of Abrams are obtained by two machines—one a diagnostic machine and the other a curative machine. The diagnostic machine was the original and fundamental "discovery," and I shall only deal with this at present.

The apparatus consists of a container or dynamizer in which is put the drop of blood to be tested; this is connected through four rheostats to the forehead of a healthy medium. The presence of the blood in the dynamizer causes changes in the area of stomach dullness of the medium; these changes are modified or abolished by varying the resistances in the rheostats. With this mechanism Abrams claimed that he could determine the age, sex, re-

ligion, race, and nature of disease of the patient providing the drop of blood. Moreover, the diagnosis could be made from either a drop of blood or the handwriting of the patient. For example, the diseases suffered by Dr. Johnson were determined from a signature of the great lexicographer. I think you will agree that these claims are remarkable, for in the first place there appears to be no conceivable relation between Abram's theories and any of the known laws of physics, chemistry, or physiology. Secondly, the claims appear to be of such a nature that their truth or falsehood could be demonstrated by a few hours' test.

An examination of Abrams's publications shows that his ideas developed step by step from some theories put forward by a Mr. Baines in 1913. Mr. Baines was an electrician who detected the well known skin currents by means of delicate galvanometers and thought that their measurement would provide a means of diagnosing and locating disease. This theory, advanced by an electrician with no knowledge of medicine was developed by Abrams, who had some knowledge of medicine, but apparently no knowledge of electricity. This accounts for the final bizarre form of his theories. Naturally Abrams was able to get equally good results whatever modifications were introduced into his apparatus, and his followers have found the same. On some occasions wires have been disconnected unknown to the operator; the reactions have been unaltered, the reason being that electronic vibrations need not travel along wires. On other occasions specimens have been removed from the dynamizer without the knowledge of the operator and the reactions have continued: the reason is that the electronic vibrations are so powerful that they set up similar vibrations in all material with which they come in contact, and these after-effects can only be destroyed by waving a magnet over the spot.

Abrams soon passed from the diagnosis to the treatment of disease. Starting from the fundamental idea that disease is due to derangement of the vibration rates of the electrons, he sought a method of altering these rates. He noted the fact that a glass resonator could be shattered by a sufficiently strong sound of the wave-length to which it vibrated. He therefore devised his oscilloclast, a form of electrical interrupter. The oscilloclast is intended to pass into the body electronic energy of the same wave-length as the erring electrons in the diseased tissue. Some of the early forms of the oscilloclast were the subject of adverse criticism, because an investigator found that one of them contained four closed circuits and did not furnish sufficient energy from its terminal leads to deflect even the most sensitive galvanometer. This error has now been adjusted, and the patients under treatment can lie and watch an electric light twinkling at the correct vibration rate. Abrams was an American Jew, and naturally, almost instinctively, he made a commercial success of his discoveries. As I have pointed out in other instances of universal curers, the fact that they consider their discoveries priceless and charge accordingly is no evidence that they do not believe in the discoveries.

Abrams's theories violate all the known laws of physics and physiology even more completely than did the theories of Perkins, and I do not propose to attempt any criticism, but will pass on to describe the progress of electronic therapy. As already mentioned, the diagnostic claims of Abrams are such that they admit of proof or disproof with extraordinary ease.

Abram's doctrines were naturally disbelieved by the rest of the American medical profession as a whole, but since he held a reputable position in San Francisco he was given opportunities to demonstrate the truth of his extraordinary claims. He always refused, and soon there arose a sharp antagonism between him and his followers and the rest of the American profession.

The offer of two machines, one a universal means of diagnosis and the other a universal means of treatment, naturally proved attractive to many persons, particularly to osteopaths, homoeopaths, and chiropractors. The great expense of the machines rapidly provided a strong commercial interest in support of the electronic methods, and public interest was sufficiently aroused for a leading popular scientific paper, the *Scientific American*, to offer to undertake an impartial investigation of the whole matter. This proposal was endorsed by the electronists in general and Abrams in particular. The committee of investigation found, however, that it was practically impossible to arrange even the simplest tests, and the investigation, which they imagined would take a few weeks, took nearly a year. The final report has just been published, and it simply states that as far as the committee can ascertain the so-called electronic reactions do not even exist.

The following criticism by the *Scientific American* appears to be completely justified:

"If in the opinion of the electronic workers, their methods are insufficiently developed at this time to pass a most elementary test such as we propose, then in good faith and through honesty of purpose they should, without delay, suspend their present electronic practice. They should tell their patients that they are not sure just what they are doing. After all human life is too precious to be the subject of raw experimentation of something worse than that as the case may be."

The only means by which the electronists can make this position satisfactory is by submitting their methods to some properly controlled impartial test. Such tests ought to commence with the diagnostic technique, for this is much the easiest to test and this was Abram's original discovery. The methods of treatment were later developments from the original diagnostic methods. There is now an Electronist Society, I believe, and therefore there is no obvious difficulty in organizing satisfactory and final tests.

The general argument of the electronists is that tests are superfluous, since they can support the truth of their claims by innumerable testimonials from patients cured of every kind of disease, and that they are so busy doing good that they cannot waste time in proving what they already know to be true. Unfortunately for this argument, history fails to record any variety

of quackery that has failed to obtain testimonials from persons who have genuinely believed themselves to have been benefited by its methods.

The history of Perkins's tractors surely teaches as clearly as anything can that thousands of honest people can believe sincerely in a universal remedy for disease which is absolutely worthless. As I have said, it is difficult to offer any criticism of Abrams's theories, because these bear no relation to any of the known laws of physics, and therefore there is no basis for argument. They are just as completely outside the realm of inductive science as were Mesmer's tub, Graham's ethereal essences, Perkins's tractors, or Hahnemann's tinctures, and, like these other cults, the electronic reactions have acquired a body of devout followers, most of whom are probably fervent and sincere believers.

In all cases, ancient and modern, we find that the followers of the cult, if left to themselves, can perform miracles daily, but under impartial inspection cannot satisfy the most elementary tests. There is really nothing strikingly new or remarkable in the present electronic vogue; dozens of similar crazes have arisen in the past and will arise in the future. These universal cures simply represent the old quest for the elixir of life in a new form, and arise to satisfy the fundamental craving of the mass of humanity for a miraculous cure for disease. Science has nothing to do with these cults, and they are scarcely influenced by its progress; and since the type of mind that produces them and accepts them both remain constant, one finds from century to century that remarkable sameness between succeeding crazes which I have tried to indicate in this paper.

CRYPTITIS

CHARLES J. DRUECK, M. D.

The mucous membrane of the lower part of the rectal ampulla is thrown into longitudinal folds as the lumen of the bowel narrows to the constricted anal canal. This folding of the mucosa permits snug closure of the anus when the sphincters are contracted, and also accommodates itself to full dilatation without injurious stretching when the anus is opened for the passage of feces or for instrumentation. Between each two folds there is a depression of the mucosa the lower end of which terminates in a cup-shaped pocket, known as an anal pocket, or as a crypt of Morgagni. Some of these crypts are but slight depressions, while others form distinct sinuses.

The mucosa at the lower end of this interfold depression is loosely puckered into a semilunar fold which very much resembles the valve of the heart, and is often referred to as an anal valve.

This area, known as the anorectal line, *linea dentata*, or the white line of Hilton, is of especial interest because it is the seat of inflammatory changes which produce symptoms apparently out of all proportion to the lesion.

Occasionally foreign bodies or fecal particles become engaged in these crypts and excite irritation, inflammation and even ulceration, sometimes going on to abscess and a resulting fistula. The irritation and ulceration even though it does not develop into an abscess may cause considerable disturbance.

SYMPTOMS

Constant dull aching pain in the anus or rectum is the chief symptom, although when abscess develops the pain is changed in character to sharp, shooting or throbbing. In all cases the pain is increased during defecation, following strenuous exercise, or prolonged standing, and is relieved by sitting or pressure on the perineum. The suffering is so intense that the condition may be mistaken for anal fissure or neuralgia of the rectum.

The chronic inflammation described above is not confined to the anal crypts but extends to all the tissues of the anal canal and thus accounts for the sensitive, hypertrophied anal muscles, which we so often observe. Anal fissures, tight sphincters and hypertrophied anal papillae are all due to this diffuse chronically inflamed state of these tissues.

Reflex pain and spasm of the neck of the bladder with urinary retention may cause prostatic disease to be diagnosed, and in the female dysmenorrhea or amenorrhea may throw suspicion on the generative organs.

If the inflammation were confined to the mucous coat of the bowel there would be comparatively little trouble in eradicating it but unfortunately the infection often involves the areolar and muscular coats and even extends to the perirectal tissues. In this manner not only are sacs or ulcerating pouches formed but sinuses burrow various lengths up the bowel or outward under the perianal skin.

As the mucus is imprisoned the overlying structures, mucosa or skin, becomes puffy and more or less sensitive. If the accumulated excretion is confined beneath a thin layer of tissue, it is easily recognized during the examination.

These septic foci constitute a frequently overlooked cause of pruritis ani. With a fenestrated conical speculum introduced the window is slowly rotated and each exposed crypt or pouch is carefully explored. With a fine straight probe every crevice or depression in an upward direction is explored (Fig. 1), for a submucous sinus and with a bent probe all recesses extending downward are searched. If a crypt is inflamed or a channel discovered the introduction of the probe will occasion severe pain and cause the patient to flinch and cry out. During our search it will usually be necessary to examine the patient in different positions, first perhaps having him lie on his left side and later on his right or in the knee shoulder position. Sometimes but a little spot of abnormal discoloration will be noticed or again there is abundant evidence of inflammation. The patient may be able to assist in locating these areas by directing attention to those parts which are most tender or sore, and which are usually referred to as giving a sensation of heat. The discoloration of these spots is usually reddish

brown or brown. If there are no special points of tenderness the areas of most intense itching will serve as a guide to the underlying retention pockets.

TREATMENT

Much has been written about local applications to these diseased recesses and sinuses but at my hands such procedures have not been satisfactory, Surgical removal under local anesthesia is so constantly satisfactory that it has become routine with me. The anal canal is anesthetized with procaine, a probe is introduced into the crypt or sinus and so held as to put the overlying structures on the stretch. Then with a scissors, curved on the flat, the raised structures are entirely removed. If the sinus extends down into an external skin tab this should be removed. Sometimes a sinus will extend a considerable distance out under the skin. At some point in the raphe, either anterior or posterior will be found the site of most intense itching, burning or pain and from here branch channels may lead to distant points.

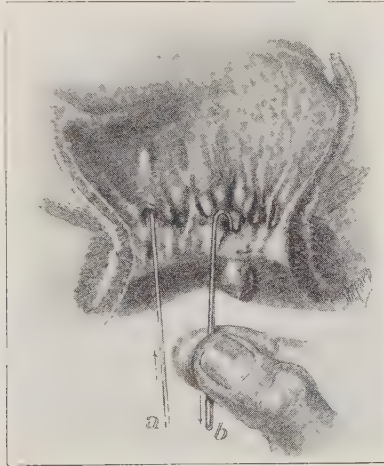


Fig. 1—Probes searching crypts in an upward and downward direction for sinuses and pockets.

The exquisitely tender or sensitive points frequently are the external evidences above seromucous saculations and are vantage points for opening the subcutaneous channels. Such an area may be completely blocked off with $\frac{1}{2}$ per cent procaine solution and opened down to the fatty tissues. Quite a large cavity may be found filled with broken down blood stained or brownish colored tissue. This tissue must all be removed with a curette and a search made for channels leading from this cavity, and it is often surprising to find the probe slip along a considerable channel.

Other channels may be found extending out on the buttocks sometimes excircling the anus or extending widely to the scrotum or thighs. After

an opening has been effected into the diseased area anterior or posterior to the anus the channel may be laid open toward the anus or away from it without severing more than a few fibers of the external sphincter.

AFTER-TREATMENT

Each day the wound and sinuses should be thoroughly irrigated and each night and morning our patient should take a hot sitz bath for thirty minutes, using an antiseptic solution as hot as can be borne. This procedure relieves the pain and inflammation and controls the soreness. If extensive channel formation has taken place so that mucus reservoirs are formed at various points in the tissues about the buttocks a persistent flow of irritating mucus may continue to cause annoyance. Under such circumstances further search must be made for mucus channels or saculations until all have been reached and destroyed. Irrigation can sometimes reach these channels through counter openings thus avoiding the necessity of opening the channel its whole length. If a probe introduced into a sinus can be observed along its course until the point comes near the skin, it is well to make a counter opening at this point and irrigate the channel through and through. There is usually but one or two main sinuses although numerous small branches may exist, but when the principal ones are treated the smaller branches will cause no further trouble.

A NOTEWORTHY ADVANCE IN THE DIETETIC MANAGEMENT AND CONTROL OF DIABETES—NEW HOPE FOR THE DIABETIC PATIENT*

With the announcement of the discovery of insulin, it was heralded far and wide that at last the cure of diabetes had been achieved. Without waiting to learn all the facts concerning this unquestionably noteworthy remedy, it was stated that insulin in addition to its efficiency, offered the great advantage of eliminating, once and for all, the necessity for restricting the diet—in other words, that the patient who was given insulin could eat any food, and in any quantity desired. Naturally, this appealed to those who had found the limitation of diet onerous and difficult. But very soon, as experience in the use of insulin extended, it became evident that it was a grave mistake to spread broadcast that this remedy would make it possible to stop dieting. Patients who accepted these claims without question, soon found that such a conclusion in regard to diet was most unjustified. Infinite harm was done, many cases were made worse, others were thrown into diabetic coma, and not a few had their lives greatly shortened. As a matter of fact, it was soon learned that the use of insulin did not warrant much, if any, relaxation in the time-honored dietetic regulations that have proven

*Reprinted from *American Medicine*, New Series, Vol. XIX, No. 11, pp. 676-678, November, 1924.

essential for diabetic patients, and the restriction of carbohydrates, the starches and sugars, would seem as necessary with insulin, as without it.

It is not to be understood that these remarks are intended to question the value of insulin within its limitations. No one can deny that it is a useful remedy, and has a definite place in the treatment of many diabetic patients. But in the interests of those afflicted with this grave disease, it should be pointed out that insulin is not a specific in all cases of diabetes, that its use does not give the diabetic patient license to eat without restriction, and that its administration even in appropriate cases, calls for certain details that must be observed with the utmost care, not alone to assure the best possible results, but to avoid certain dangers.

As our knowledge of the action of insulin has grown, it has been realized that the use of this remedy, effective as it is in many instances, is not an unalloyed blessing. The necessity for daily injections at a given time, constant medical supervision and painstaking attention to other details, has often been very dispiriting to patients when they have realized that the use of insulin must be continued indefinitely. Indeed, several suicides of diabetics have been attributed to the despondency caused by the burdensome and depressing nature of the routine essential to insulin treatment. Whether this is true or not, the fact remains that the benefits from insulin are obtained only by unflinching adherence to a strict regimen.

More recently, moreover, the advisability of using insulin as a matter of routine for every case of diabetes has been questioned. If the present-day views are correct, to the effect that diabetes is due to certain changes in the pancreas, whereby some part or all of the islands of Langerhans do not function sufficiently to accomplish the metabolism of carbohydrates, and the use of insulin serves to carry on the work of the inactive islands, the thought arises, is this always wise? What is the effect on any portion of the islands of Langerhans that are still active or only slightly impaired? Is it not possible that the routine employment of insulin, by assuming the work and performing the function of the remaining healthy cells of the islands, will tend to weaken and lower their efficiency? In other words, in the early and milder cases of diabetes, will not the administration of insulin by taking the place and superseding the physiologic activities of the cells of the islands that have not as yet been impaired, be very apt to make them inactive and hasten the extension of the retrograde processes that have already destroyed some part of the islands? It is a well-established physiologic fact that bodily structures that are not kept at work, or have their work done for them by artificial means, very soon lose their capacity to function. For this reason, no one would think of treating digestive ills by the continued administration of pepsin. To do so would mean the rapid weakening of the peptic glands, with a complete loss, sooner or later, of their secretory activity. So also does the constant use of laxatives and cathartics aggravate the weakness of the muscular and secretory structures of the intestines and progressively lower their functional capacity. It is rational to believe, therefore, and

clinical experience seems to bear this out, that the routine use of insulin may be positively harmful in certain cases of diabetes, especially those in which the disease is in its early stages and where there is an evident effort or tendency on the part of the organism itself to reestablish a metabolic equilibrium.

How much better it would seem to be, after carefully determining the individual capacity of the organs and cells of the body to digest and metabolize carbohydrates as one of the essential classes of food, to decrease this class within the capacity of the organism and depend on those that will maintain the strength and vitality of the body. This will serve not only to avoid overtaxing the weakened structures of the organism, with its obvious dangers, but through keeping the tissues and cells that are still active, at work within their functional capacity, it will conserve and often build up their powers. Instead of providing complete idleness with its inevitable tendency to loss of function, as insulin may under some conditions, the careful adjustment of the diet, with decrease of the carbohydrates and the substitution of other health-giving and body-building foods, will not only obviate the foregoing dangers, and safeguard the pancreatic or other structures that are still able to carry on, but will substantially aid the recuperative efforts of the body.

The great difficulty encountered up to now, in ascertaining the carbohydrate capacity or tolerance point of each diabetic, as well as in adjusting the diet so that the amount of the starch intake could be accurately controlled, has been due to the lack of a suitable starch-free food of sufficiently nutritious character. Wheat gluten has come the nearest to meeting the requirements, but a pure gluten has been difficult to obtain, and that which has been available has contained too much starch, or has not been dependable and uniform in character. It has often been bitter and disagreeable in taste.

Recently Mr. Arthur S. Hoyt, a well-known New York chemist, who has devoted himself for over a quarter of a century to the study of the composition of wheat and the extraction of starch, has developed a method whereby he is able to obtain a pure wheat gluten that is not only notably free from starch, but possessed of properties which make it highly serviceable for food purposes.

This gluten is treated by special mechanical processes until it is made into a protein that is as pure as it can be obtained. Using this as his base, Mr. Hoyt has prepared a food that is not only palatable and pleasing to the taste but one that places at the physician's command a pure protein that is practically starch-free, and of a known and definite composition. In the past when protein foods were needed, recourse has usually been had to eggs and milk casein. But these both are animal foods, and analysis shows that neither has as high protein value as this new protein of Hoyt's. Being a product of wheat it is preferable in many ways to the foods from animal sources, for obvious reasons.

As a consequence of its character and known composition, this new protein opens up far-reaching possibilities in the clinical estimation and treatment of diabetes that have been wholly out of the question before this.

For example, it will now be possible to ascertain the carbohydrate tolerance of each diabetic with ease and precision. All that will be necessary will be to place the patient on this protein and milk or cream, with a definite amount of carbohydrates. This should be followed faithfully for a few days. After the second day, daily urinalysis should be made, and the amount of the carbohydrate in the diet reduced until the sugar disappears from the urine or is reduced to a minimum. The carbohydrate of the diet should now be slightly increased until sugar reappears, or begins to increase if it has not been entirely eliminated. The maximum amount of carbohydrate that can be taken without causing the reappearance or increase of sugar in the urine, will represent the carbohydrate tolerance of the individual within fairly accurate limits. This should determine the amount of starches or sugars allowed daily in instituting a diet for a diabetic patient.

Daily sugar tests of the urine—or blood if feasible—should be made, in order to keep a check on the effect of the diet, and to indicate the need for any variation in the amount of carbohydrates of the diet that changing conditions may dictate.

From the foregoing it will readily be seen that this new protein by reason of its definite and uniform character and minimum amount of starch, lends itself at once to the accurate estimation of the point of carbohydrate tolerance. Of still greater importance, however, is its value as a nourishing, palatable and satisfying food for diabetics. Its protein, being derived from wheat and presenting the highest purity, is easily digested and assimilated without the residues and the toxic tendencies of the animal proteins. Its composition makes it possible to arrange and easily vary the diet according to the needs of each diabetic patient, with a nicety and convenience that has hitherto been unknown.

There is no desire nor intention to unduly praise or acclaim this new food for those suffering with diabetes. But it is very evident that the studies and investigations of Hoyt have given to the world a pure protein product that at last enables medical men to place the diet of their diabetic patients on a logical and scientific basis and thereby obtain results that cannot fail to give new hope and comfort to sufferers from this disease. Those who recognize the advantages that this protein affords will hardly deny that its discovery forms a truly noteworthy advance in the rational treatment of diabetes.

For a large class of diabetics, moreover, especially those in the early stages of the disease, this pure protein will prove a valuable adjunct to the insulin treatment, making this less onerous and more efficient in the graver cases, while in those of lighter degree, and in less advanced stages, it will not infrequently make the use of insulin unnecessary and uncalled for.

Mr. Hoyt deserves much commendation from medical men, for in placing at the command of the profession a pure protein, practically starch-free food, that is nutritious, palatable and economical, he has opened a new era in the successful treatment and control of one of humanity's most dreaded afflictions.

CHICAGO LARYNGOLOGICAL AND OTOLOGICAL SOCIETY

The December meeting of the Society was held on Monday evening, December 5, 1924, in the Ball Room of the Auditorium Hotel and was devoted to the celebration of the Twenty-fifth Anniversary of the foundation of the organization.

The Society was organized by Dr. E. Fletcher Ingals in 1899, as the Chicago Laryngological and Climatological Society.

Preceding the dinner a group photograph was taken of all those present, and immediately following the dinner the Society was called to order by the President, Dr. Edward P. Norcross, who, in a few fitting remarks, installed two of the charter members, Dr. Norval H. Pierce and Dr. John Edwin Rhodes, as President and Secretary respectively for the evening. Dr. Pierce had served as the fifth President, and Dr. Rhodes as the second Secretary of the Society.

The Charter Members present, besides Dr. Pierce and Dr. Rhodes, were Drs. A. M. Corwin, George E. Shambaugh, Otto T. Freer, T. M. Hardie, James T. Campbell, and Otto Stein.

The additional members present were Drs. George J. Musgrave, Jerome Strauss, Samuel Salinger, Ira Frank, Charles B. Younger, George P. Mosher, J. E. Lebensohn, S. J. Pearlman, Carl H. Christoph, George J. Dennis, Robert Sonnenschein, D. B. Hayden, B. F. Andrews, Thomas Faith, Alfred Lewy, Howard C. Ballenger, C. F. Yerger, Walter H. Theobald, Louis A. Ostrum, Elmer L. Kenyon, C. W. Geiger, Otis H. Maclay, George W. Boot, Harry Kahn, Charles M. Robertson, Harry L. Pollock, Joseph C. Beck, Frank Allport, Edward P. Norcross, Charles H. Long, George F. Fiske, T. W. Lewis, Frank E. Brawley, Robert H. Good, Dwight C. Orcutt, George T. Jordan, Frank Novak, Jr., and Austin A. Hayden.

A letter of regret from Dr. Frederick C. Menge was read by the Secretary.

Among the guests present were Drs. J. W. Holderman, A. R. Hollendar, A. H. Geiger, Olga Gustafson, R. Roberts, L. B. Bernheimer, Emil Deutsch, M. E. Kahn, M. Cottle, W. J. Noonan, Francis L. Lederer, George H. Mundt, Harry W. Dale, T. J. Williams, Will Walter, Earl L. Vernon, W. D. Byrne, W. A. Evans, Morris Fishbein, Burton Hazeltine, H. G. LaReau, L. W. Peterson, A. N. Trapp, J. L. Keyes, M. Bornstein, J. T. Leslie, F. Sauer, J. D. Simons, E. E. Birmingham, Mr. V. Mueller, Will Walter, Jr., Mrs. Irene H. Snyder, Miss Anne Willenborg and Miss Margaret Wolf.

In arranging the program for the meeting, after much deliberation the Council decided that, in the words of James Whitcomb Riley, most of those present would want to hear "the old Bandplay." In accordance with this thought the "Old Guard" were selected as the speakers for evening and the "Old Band" never played better.

Dr. Pierce first introduced Dr. John Edwin Rhodes, who, as Secretary for the evening, thanked the Society for the honor shown him and related many interesting circumstances connected with the founding of the Society, reviewing some of the first programs which were presented by several of the men present on this occasion. When the Society was organized in 1899, twenty-four men were called together and twenty-two responded to the invitation, eleven of whom are still living. The first President was Dr. E. Fletcher Ingals and the second, Dr. T. Melville Hardie.

The Chairman then introduced Dr. Arthur M. Corwin, who in humorous verse depicted the personal characteristics of some of the members and some professional practices in a most enlivening and entertaining manner.

Dr. Frank Allport, in responding to "Reminiscences of the First Ten Years" said that he did not know whether he was expected to review the first ten years of his life, the first ten years of his professional life, or the first ten years of the life of the Society, so he combined them all and very entertainingly told of many incidents of his early boyhood in Chicago and the physicians and men of prominence of that time.

Dr. Pierce introduced Dr. William A. Evans, of The Chicago Tribune, who said that as this was the first meeting of the Society which he had ever attended it was rather difficult for him to reminisce so he called attention to the fact that it is his business at present to create a reasonable discontent on the part of people with low health standards, low group standards and low individual standards, but not to create this discontent until the remedy is at hand, for out of an unreasonable discontent there comes anarchy and disorder, whereas out of reasonable discontent comes progress. Two phases are of particular interest to him at present regarding the inefficiency of people and what it might mean to the medical profession if they could be made discontented with their inefficiency and would undertake to improve themselves. The first of these things is snoring, and the second the matter of pneumonia, and he believes there is no reason whatsoever why both of these things should not be conquered if the medical profession would study them sufficiently. He is sure that as soon as the medical profession is ready with an adequate remedy for these ills the people can be aroused to their great need for help.

The Chairman next introduced Dr. Otto Freer as "the man who has fought for straightened septums for many years and in whose footsteps we all follow."

Dr. Freer said he thought one of the best things the Society had accomplished was the establishment of a mutual criticism for all the members. It had grown with speed from a healthy infant to a healthy child with a

great desire to scrap and by constructive criticism enhance the value of the proceedings. The members have always been very critical of new things propounded to them and he hoped this spirit would persist in the Society until it is at least 250 years old. He was sure that the Society will live and flourish, although it may not increase greatly in size for true specialists are always limited in number.

Dr. T. Melville Hardie then very entertainingly told of the early experiences he encountered and stated that he reported the third American case of sphenoidal abscess at a meeting of the Illinois State Medical Society.

Dr. J. Holinger related many amusing occurrences in connection with the early days of the Society and the work its members, and Dr. Otto J. Stein reviewed the titles of several of the early papers that were presented and quoted remarks from the discussion of them.

Introducing the next speaker Dr. Pierce said: "This brings us up to the last fifteen years of our existence as a society, when we start becoming enlightened, and Dr. Beck heads this list."

Dr. Joseph C. Beck expressed his pleasure at being a member of such a society and said the fact that he was "plucked" in otolaryngology by Dr. Moreau Brown when he was in school stimulated him to become a specialist. During the early years of his membership there was always a large presentation of clinical cases before the scientific program and this brought out much discussion concerning the diagnosis, and much argument as to just how thorough a tonsil operation should be.

Dr. Elmer L. Kenyon said that he was really on the side line of the Society and represented the only systematic effort in the city to carry on what really is important work in disorders of speech. He considered it a shame that someone else did not take hold of this subject and develop it beyond where it is at present. It is a borderline subject but has a close relationship to nose and throat troubles as well as to neurology and plays a very important role. He was sure that if young laryngologists would take up the work they would find it an interesting field and as valuable as straight laryngology.

Dr. Pierce, in introducing the next speaker, said in part: "Now we come to 'The Future of the Society,' the most important thesis of the evening for it has to do with the vitality of the Society. The old 'wheel horses' have been largely responsible for the life of the Society up to the present time, not because they wanted to be in the limelight but because they were the only ones who would come forward and go on the program when they were appealed to by the secretary. They are now getting a little short winded and stiff in the legs and must of necessity abandon the load in the near future. Dr. Shambaugh will speak about that."

Dr. George E. Shambaugh said he believed everyone had visualized as clearly as he had that the Society is destined in the future to play a very conspicuous part in moulding the thought of the men in otolaryngology, at least in the middle west. He felt that any man who had been an active

member of the Society for many years was sure that this part would be played in the best and highest way in the ideals and advance of the Society, not only in the middle west but in the entire country. The work going out from the Society always has compared favorably with that from similar organizations elsewhere, and no man who has merited recognition has failed to receive it. In the future, as in the past, before any man becomes a member of the Society he must demonstrate his ability to take intelligent part in the discussions. Another reason why he felt that the Society is destined to play an important part in the future was that it is the Chicago Laryngological and Otological Society and there is no doubt that Chicago is destined to be a leader in medicine and medical education, but no one must lose sight of the fact that any man who is a specialist in any field of medicine must be one who has mastered that field. Most of the progress in medicine has been made by the men who are specialists in some work, and the men in otolaryngology are on the firing line where real progress is being made. Each man should aim to be an investigator in otolaryngology and make some real contribution to the science. They should take pride in their daily, routine work but should be willing to sacrifice the time and energy that are required to further the science of medicine.

At the unanimous request of those present Dr. Pierce sang an old favorite, "On the Road to Mandalay," in quite the old time manner, dramatically and effectively.

Dr. Corwin moved a rising vote of thanks and appreciation to the present officers of the Society, particularly to the Secretary, for the very successful manner in which they had carried through this anniversary.

The motion was seconded by several and unanimously carried.

"ODE TO THE CHICAGO LARYNGOLOGICAL AND OTOLOGICAL SOCIETY"

By ARTHUR M. CORWIN, M. D.

25th Anniversary, December 1st, 1924

"Friends, Romans, Countrymen," so said
The Orator above the dead
Man, whom he loved and would confess
That love where others loved him less.

No need have I for camouflage
Of Sophistries, no call to dodge
The jeers and jibes the critic sends
Stale eggs and bricks, you are my friends.

No "ode" is this as advertised
By Hayden, whom you deputized
To snap the whip, as 'twere, to work us
In the anniversary circus.

I say, in passing, on the level
This Hayden is a clever devil.
So well he makes his patients pay,
He's treasurer of A. M. A.

This is no panegyric shield
At laryngologists who've died
In harness, men both old and young
Whose virtues have been nobly sung.

It is, this screed of mine, just prose
In rhythmic forms, somewhat like those
Tossed off by McAvoy, "The Potters" rhyme,
For which the Tribune wants a dime.

Within life's paragraphic days
This is a paranthetic phrase,
When twixt the routine regulations
Of dollars chasing estimations.

Of cataract and running nose
We catch a doctor's brief repose
Through what seductive invitation
To cause and snatch this hour's vacation.

Perhaps the through train that we ride
Is flagged by Circumstance, beside
The road, who with drawn guns would say
"Hands up, good sirs, get out and pay."

We sinus experts, aural guys,
Who right up astigmatic eyes
Are most fraternally inclined,
Especially when we have dined.

We seem, externally, at least,
 Good fellows gathered at the feast.
But there at home with flattening purse
 When flooding overheads immerse

Our souls and fierce ambitions lash
 Insistent cries aloud for cash,
Oh, then, Idealism's hands are soiled,
 We are hard-fisted and hard boiled.

It should not seem to you amiss,
 If I mix up for emphasis
With this prosaic doctor's rhyme
 Something symbolic of the time.

I mean the stuff that Calvin, Bob
 And John broadcast to the mob.
You say you do not think this so,
 I heard them all by radio.

Each in his way hand out a chunk
 Of politics, well known as "bunk,"
Or better, if you please, "the bull"
 Of which newspapers are so full!

La Follette shook his pompadour
 In Socialistic rage, and swore
He was the people's only hope
 Prepared with his own cake of soap.

To wash the face of Washington,
 "Elect me and the thing is done"
Said he, "I have the brains and guts
 These other candidates are mutts."

The people heard him talk awhile,
 Paid him a dollar for a smile,
Resolved to vote for Cal, but hid it
 Until Election Day, then did it.

John Davis played with siren strains .
 Upon his flute of gold. He trains
With Wall Street banks but sang his praises
 Of them in Democratic phrases.

Like Cal, he should have saved his mouth,
 Already his the solid South,
But nothing more to boast of much
 Except policemen and some Dutch.

And so we swallowed, you and I
 Machine-made party dope, the cry
Of old that if we didn't do it—
 Vote this and that—we'd damn soon rue it.

"Hell'n Maria"—the battks will bust,
 Your "jobs be' lost; I 'say you must
 Be safe and sane, and if you fail
 You'll tote an empty dinner pail—

The great American "I will"
 Depicted as in Vaudeville!

But what's this got to do with tonsils
 And turbinates, hay fever pills,
 Anaphylaxis manifests,
 And sundry pathologic pests
 That roost in sinuses, devoid
 Of doors, and haunt the grave mastoid?

No more is this stuff *apro pos*
 Than jazz that spoils the radio,
 Or vice, and murders, vices' companions
 That breed and sacrifice O'Bannions,

Disgrace their obsequies with flowers
 And praise and gold, which cover powers
 Of darkness, lurking but to fleece
 And slay the child of Virtue, peace.

When shall the spirit of the Pilgrims—
 Who with covenant and hymns
 Of righteousness and courage bold,
 Stept from the Mayflower's sacred hold

At Plymouth Rock, to dedicate
 Safe harbour for our Ship of State—
 When shall their noble spirit start
 In us the urge of mind and heart
 To crush the monster, Greed, and give
 The nation still a chance to live!

Oh, well, we leave our foot-prints small,
 Or leave no nether prints at all
 Upon the dirt and primal slime,
 From which we've come in course of time.
 And prints of thumbs give meagre shapes
 To tell distinguished men from apes.

Our heels and toes are much alike
 For purposes of that long hike
 We take. Today our getting, giving
 Is but a phase of total living

The which goes on without a stop
 Just like my verse. Then back to "Shop"—
 A retrospect of twenty-five
 Past years were easy to contrive

If half an hour could be found
In which to pause and look around
Instead of ten mean microscopic
Minutes to review the fulsorn topic.

Not long ago, as fly the crows,
The specialist in throat and nose
Bestrode his little hobby horse,
Whose riding took a three weeks' course,

And deemed himself both rich and wise
Because he learned to cauterize
The turbinates, inspect the throat,
Say "ah" to imitate a goat.

And when he saw a polyp fat
He quickly hurled his lariat,
I mean a snare, too oft delusion
Since ethmoids were the real conclusion.

He had a high browed cabinet
With many wide mouthed bottles set
In rows, assorted hue and size,
And sundry things to atomize.

His armament was mentholed oils,
(Which very well his patients held
In confidence because they smelled),
He treated piles, buboes and boils,

Used diagnostic lingo fair
Most skillful with his own hot air.
For Doctor Squirt-Gun, he was it
Who saw the whole world through the slit
His narrow speculum provided,
A shallow view, a world lop-sided.

Now, multiply the soldiers that
We marshal to the fierce combat,
New diagnostic modes, technique
Devised by masters, who but seek
To compass by the shortest way
Relief and cure, and count their pay

In gratitude of young and old,
Increasing clientele,—and gold;
Blood counts, X-Ray and serum tests,
The venous route for catching pests
That formerly rejoiced to flood
Immune, the highways of the blood.

THE CHICAGO MEDICAL RECORDER

The vaccine game we play, and sing
 Of hormones, vitamins—the thing
 To kid impatient ones along
 As 'twere with clinical Mah Jong.

Toxins we hail 'gainst every state,
 Or nearly so, at any rate,
 Which poison-microbes may set up
 In man or louse or brindle pup.
 And latest, not the last, the glands advise
 It sometimes pays to advertise.

Enough! and yet 'twere well to know
 The many scopes thro' which we show
 Up needful inside information
 Of tumors, cysts and inflammation.
 We do this trick all in a trice,
 The route we go may not be nice.

The revolution in the field
 Of tonsils, where the annual yield
 Amounts to tons, has seen no stop
 With Greenfield Sludes still on top.

This observation that I make
 Is *sotto voce*, a mistake
 According to each wiser freak
 Whose name is on his own technique.

I have not, cannot, in these ten
 Wee minutes, mention all the men
 Of genius, virtue, pep and skill
 Whom now we love, or sometime will

When they have gone to join the boys
 Who used to live and make the noise
 On Truth, my patient muse doth wai
 Her choice is indiscriminate.

'Twixt friends. Her mood is jocular.
 She hath no hostile claw to mar
 The harmonies of flat and sharp
 That radiate her vibrant harp.

So if you've had no mention yet
 The fault lies in her alphabet,
 Apology! I'm sorry, very,
 She limits my vocabulary.

Chicago, December 1, 1924.

\$2.00 A Year in Advance

Single Copies 25 Cents

The Chicago Medical Recorder

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University Club Bldg. St. Louis, Mo.

Volume XLVII

CHICAGO, ILL., JANUARY, 1925

Number One

PUBLISHED MONTHLY

MEDICAL RECORDER PUBLISHING COMPANY, 81 E. MADISON ST., CHICAGO, ILLINOIS

The Editors and publishers are not responsible for the views of authors expressed in these pages

To Canada and Foreign Countries \$2.50



MAJOR GENERAL ROBERT E. NOBLE, U. S. ARMY

The Army sustains a very great loss in the retirement of Brig.-Gen. R. E. Noble, Assistant Surgeon General, U. S. Army, who leaves the service with the rank of Major General. Gen. Noble has had charge of the Army Medical Museum and Library since the war. His services during the war are known to every medical man chiefly in organizing the Medical Reserve Corps of the Army. He was a close associate of General Gorgas for many years and was with General Gorgas when he died on his way to Africa to fight epidemic diseases, which work was later accomplished by Gen. Noble.

Robert Ernest Noble was born in Rome, Georgia, Nov. 5, 1870, the son of George and Lucy Wadsworth Noble. Received his M. S. degree at Alabama Poly. Inst. 1891; M.D., Columbia, 1899; honor grad. Army Med. Sch., 1901; *m. Ella L. Lupton*, of Auburn, Ala.; Nov. 23, 1905. Appointed assistant surgeon June 29, 1901; capt. asst. surgeon and captain Med. Corps., June 29, 1906; maj., Jan. 1, 1910; lt. col., May 15, 1917; col. N.A., Jan. 26, 1918; brig. gen. Med. Corps, N.A., May 9, 1918; maj. gen. (temp.) asst. surgeon gen. A.E.F., Oct. 30, 1918; brig. gen. asst. surg. gen. U. S. Army, Mar. 5, 1919. In Philippines, 1900-3; with dept. of sanitation, Isthmus Canal Commn., 1907-14; in charge anti-mosquito campaign, Porto Rico, 8 mos., 1911-12; mem. sanitary commn. to Guayaquil, Ecuador, to study yellow fever, 1912-13; mem. commn. to Rand mines, Transvaal, S. Africa, to study cause of pneumonia, 1913-14; at Vera Cruz, Mexico, May-Sept. 1914; duty War Dept., Washington, D. C., 1914-18; arrived in France, Oct. 25, 1918; returned to U. S., Aug. 3, 1919; mem. and later dir. Rockefeller Foundation Yellow Fever Commn., to the West Coast of Africa, May 4-Dec. 3, 1920. Decorations: D. S. M.; Comdr. Legion of Honor (French), Mem. A. M. A., Am. Pub. Health Assn., Soc. Colonial Wars, Soc. of the Cincinnati, Phi Delta Theta, etc.

We consider Gen. Noble one of the ablest men the Medical Corps of the Army has ever had, but we know he is entitled to the rest and recreation which he will now seek for a while, and desire him to know that he leaves the Army with the best wishes of every medical man, especially the Medical Officers' Reserve Corps.

ARMY WOMEN

A new movement has been started by progressive womanhood called the "monthly get-together" of the wives of Army officers. This would also be

an excellent idea for the wives of the members of the Army and Navy Club, and more especially the wives of the members of the National Officers' Reserve Corps. Maj. Gen. W. H. Hart, the Quartermaster General of the Army, made an address at the first meeting of this body, terming it "splendid, inspiring and worthy of the wives of patriotic husbands." Among other things Gen. Hart said:

"In the national defense you are factors, not less than the men. The World War marked the dawn of the era when wars henceforth must be fought by all the people of the nation—men, women and children—and not a force separate and distinct called 'the Army.'"

"So, you are pioneers on the women's side in arranging meetings at which, for an hour or so, the attention of all quartermaster women—Regular, Reserve and National Guard—as suggested by your chairman, will center upon questions having to do with the national welfare.

"It is good to see you manifesting the 'get-to-gether' spirit, recognizing the value of a community of interests, and utilizing the splendid principle of unity as a means of both enjoyment and progress along the numerous lines which cannot help presenting themselves as you examine more closely into the opportunities which this step opens before you.

"This opportunity of getting acquainted is going to prove very valuable to every one of you, and, with the recognition of your community of interests, comes the impulse and occasion to cooperate; the promulgation of new ideas and the ability to unite in carrying them out.

"We are not looking for emergencies, but every cooperative unit, whatever its present nature, is a unit of equipment for the country's welfare, should such emergency develop through any cause. American women are efficient—unity of ideas and action will make them more efficient—and, whether such unity manifests itself in pleasant association or in united effort toward their own and the world's progress, this growth in efficiency will make for a wonderful advance individually, for the group and for world betterment.

"There is so much that can be done by a united group toward the betterment of conditions in the world in a thousand channels, whichever way the energies are directed.

"You Army wives as a group are favored above other groups of women in that you are closer than any others to the heart of the military defense of your country. Your loves and your lives are involved in the activities for the safety of our land more nearly than any but yourselves can realize. Dangers to happiness which may seem to other women to be far off and vague come and stare you in the face at the first hint of war's alarms. Others may 'hope that there will be no trouble,' but you pray from your very souls that there may be none, lest the whole structure of your life and home falls in ruins about your heads. Suffering reaches you first, the percentage of sorrow falls heaviest and earliest upon you; fear and uncertainty are your portion—frequently manifest, always latent. There-

fore, it is given to you to be brave above other women, to cultivate stoicism above other women and to render service above other women.

"I want to congratulate you upon being the first to undertake this movement which is sure to spread and exert an influence upon the one-army idea. The get-together spirit is the inspiration of tremendous good, and it is earnestly to be hoped that the example of this group will be followed wherever the service forms its little communities—Regular, Reserve and National Guard. It is fitting that such an example should emanate from the capital city. That its influence should extend, and its activities be imitated, is much to be desired. So it is that a serious responsibility rests upon your shoulders to make this movement a very real success and so attractive that there will be genuine enthusiasm in the formation of similar groups by all of the branches of the general service. Untold good may be accomplished by such means."

General Hart urged the women to work the social aspect of the movement "for all there is in it," assuring them that "pleasurable anticipations, pleasant associations and cheerful companionship make happier women, happier women make happier homes, happier homes make happier men and happier men make better soldiers."

NATIONAL DEFENSE

We have written many editorials on Pacifists and Anarchists (partners in crime), firmly believing that every citizen working for disarmament in this country is either a traitor or a fool and co-partner with the Reds to destroy this Government and create another Russia. Every true citizen abhors war and desires peace but knows that the only guarantee of peace is preparedness for war. In these United States we should have a standing army of at least 250,000 men with 25,000 well trained officers, also universal military training on the Swiss plan, six to eight weeks annually for every man from 18 to 21 years of age. Then, and not till then, will we be sure of peace and happiness. The other day we accidentally ran across a letter written by an able member of our Editorial Board, an officer of the late war, and with considerable difficulty obtained permission to publish it. It covers our argument in so admirable a manner, that we desire to give it the wider circulation. It breathes throughout the true spirit of a high minded citizen, a parent, a soldier, a Christian, a patriot, and a gentleman.

Chicago, August 16, 1924.

Editor, Northwestern Christian Advocate,
Chicago, Illinois.

Dear Sir: I have been following with a great deal of interest your recent articles on the subject of National Defense Day and I wish to make some comments to which I respectfully invite your attention at this time.

By way of introduction I desire to state that I come from a long line of Methodist ancestry. I have been a member of the Methodist Episcopal Church ever since I was a boy eleven years of age and at present I have the honor to

be on the official board of the Cuyler Avenue Methodist Church of Oak Park, Illinois, of which Dr. Joshua Stansfield is the pastor.

During the war I left my home and family and on March 26, 1917, I gladly responded to the call of the President and served as a medical officer of the Army until October 22, 1919. During this time I served with a combat Infantry Regiment, the 132nd Infantry of Chicago. My regiment lost in all about three hundred men killed and some thirteen hundred men wounded. I saw very active service looking after the health and dressing the wounds of these men—actually serving in the front lines. I mention the above in order to establish my right to speak from the standpoint of a soldier.

When the subject of National Defense Day was first mentioned I took a very active interest in this subject and when the Governor of Illinois, at the request of the President, appointed a State Committee to carry out the plans, as far as the civilian population was concerned, I, among others, was appointed by Governor Small as a member of this committee. I am entirely familiar with this whole subject from the time of its inception.

For many years your paper has been a welcome visitor in our home and we have always received a great deal of help from its columns. However, I feel that the articles on National Defense Day as you have presented them are unworthy of your great paper. These articles if not written by you personally have been published under your direction and, therefore, you surely share the responsibility. They are getting farther and farther away from the truth and the situation as it actually exists, until in my opinion, the climax was reached in the number of August 13, column one, page four, also column one, page six, which in my opinion amounts to an actual misrepresentation of facts. It discloses, either gross ignorance on the part of the writer on this whole subject, or a deliberate attempt to misrepresent or confuse in the minds of your readers the situation as it actually exists. In your article on page four you lead your readers to believe that due to unpleasant publicity given this subject the whole plans have been changed, or at least modified. Nothing is farther from the truth than is this inference. There has not been a single plan changed or modified. On the other hand plans have been growing and developing and this demonstration on the part of the civilian population is assuming larger proportion than ever.

I cannot understand why a religious publication, such as yours, can so distort the truth. We might expect this from a great daily paper, but certainly not from a paper which is supposed to be edited and published under the supervision of the great Methodist Church. The demonstration on the part of the civilian population was to take the form best suited for the community. What better plan can you suggest than that the flag which we all love should fly from every home, parades and meetings be held, and that speakers throughout the country should emphasize the spirit of America? This demonstration, as you seem to have overlooked in your articles, is separate and apart from the Military Inspection which is to be held exclusively under the supervision of the Army, and in spite of all the sarcasm you try to put in your articles I feel sure there are enough red-blooded Americans in this country to put this program through to the benefit of all concerned.

The military authorities of this country will not be chagrined, as you feel in your article, because the program as I mentioned above will be actually carried out as the original plan was with no change whatever. I was serving on the executive committee that invited these sixty mayors of all over the great state of Illinois to be present and hear first hand what the committee appointed by the Governor of Illinois had in mind. They all went away with the highest regard for the plan to be carried out on the part of the civilian population.

Practically ever since the war I have been associated with the after-care of the disabled ex-service men as District Medical Officer of the U. S. Veterans' Bureau of this District which comprises the states of Illinois, Michigan and Wisconsin. We have the unusual opportunity of seeing first hand the results of the war. No one is more anxious for peace than the four million men that served during the last war, but there are prices that are too dear even for peace.

I have three children which I am attempting to bring up in the best way I know how. My two boys read carefully the columns of the Northwestern Christian Advocate and on more than one occasion have pointed out to me the discrepancies of my teachings and the attitude you have taken in the columns of your paper. Therefore, I shall kindly ask you to cancel my subscription to the Northwestern Christian Advocate and we shall substitute for it a Religious Weekly which, if not agreeing with my views on this subject, at least is honest in its efforts to enlighten its readers.

Respectfully,

WM. E. KENDALL, M. D.
District Medical Officer,
Eighth District,
U. S. Veterans' Bureau.
Major, Medical—ORC.

THE UNITED STATES PUBLIC HEALTH SERVICE

The fifty-third annual report of the United States Public Health Service for the fiscal year 1924 is before us. It contains much of value to the profession and is the most authentic report of health conditions throughout the United States.

Everyone interested in this subject should write for a copy to Surgeon General Hugh S. Cumming, Washington, D. C. All we can do is to give a bare outline of the matters considered, remembering, however, that each headline has a large number of subdivisions too numerous to mention. The report consists of the division of scientific research which among many items includes influenza, pellagra, typhus fever, milk investigations, stream pollution, leprosy, etc.; the division of domestic interstate quarantine in all its phases including mosquito control, etc.; a division of foreign and insular control and immigration, including the medical inspection of aliens, etc.; division of sanitary reports and statistics, including sanitary legislation, etc.; division of marine hospitals, including contract hospitals, U. S. Coast Guard, U. S. Shipping Board, radio medical advice to ships at sea; division of venereal diseases, including state laws and regulations, etc., general inspection service, reports of laboratories, etc.



DISEASES OF THE HEART. By Dr. Henri Vaquez, Professor of the Faculty of Medicine of Paris; translated and edited by George F. Laidlaw, M.D., Associate Physician to the Fifth Avenue Hospital, New York City; Introduction by William S. Thayer, M.D., Johns Hopkins Hospital, Baltimore, Md. Octavo volume of 743 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1924. Cloth \$8.50 net.

This book is very well known throughout Latin Europe and is intended to give the general practitioner a thorough and complete knowledge of diseases of the heart.

We are grateful to Dr. Laidlaw for having translated and edited this volume and also to Prof. Thayer of Johns Hopkins for the introduction. As the writer well says, "Prof. Vaquez' **DISEASES OF THE HEART** preserves the fruits of the ripe personal experience of the leading French student of diseases of the circulatory apparatus. * * * One of the most delightful features of Prof. Vaquez' treatise is the vividness of his clinical picture. Nothing could be more graphic, for instance, than his descriptions of the forms of angina pectoris. * * * The terminal discussion of methods of treatment contains much that is very wise. In bringing before the English speaking public this treatise on diseases of the heart by the leading author of the present day in France, Dr. Laidlaw, the translator, has rendered a service to American Medicine for which we should be very grateful."

All we have to add, after reading a number of pages, is that this is a super-excellent book, well illustrated, with an exhaustive and splendid bibliography. Everything is done to insure a certain and thorough diagnosis, and it is all described in such a simple method that he who reads can learn.

THE PRACTICE OF PEDIATRICS. By Charles G. Kerley, M. D. Formerly Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, and Gaylord W. Graves, M.D., Associate in Diseases of Children in the College of Physicians and Surgeons, New York City. Third Edition, revised and reset. Octavo of 922 pages, 150 illustrations, Philadelphia and London: W. B. Saunders Company, 1924. Cloth \$9.00 net.

For those who desire a one volume work on Pediatrics, there is none better than Kerley's "Practice of Pediatrics." It is an excellent work, and now appears in the third edition revised and largely rewritten.

As the work is so well known, it is needless for us to go into any de-

tailed descriptions any more than to call attention to the fact that for one desiring a book on Pediatrics for constant and ready reference, there can be no better choice than Kerley's.

ABT'S PEDIATRICS. By 150 specialists. Edited by Isaac A. Abt, M. D., Professor of Diseases of Children, Northwestern University Medical School, Chicago. Set complete in eight octavo volumes totalling 8000 pages with 1500 illustrations, and separate Index Volume free. Now ready—Volume V containing 865 pages with 373 illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, \$10.00 per volume. Sold by Subscription.

The fifth volume of Abt's magnificent encyclopedia of Pediatrics is before us, and as we expected the same excellence is maintained as in the preceding volumes. The contributors to Volume five are Dr. H. R. Carter, assistant surgeon general U. S. Public Health Service, professors Julius Grinker, D. B. Phemister, E. W. Ryerson, James P. Simonds, F. G. Djas, all from Chicago, also professors A. H. Fryeberg of the University of Cincinnati, William Krauss, Leo Meyer, E. C. Mitcher, W. W. Oliver, F. Bradley Talbot, Bordon S. Veedor, and a number of other pediatricians and orthopedists.

The subjects treated in this volume are orthopedic surgery, surgery of tendons, tuberculosis, diseases of bones and joints, traumatic dislocations, congenital dislocation of the hip, etc., also hereditary syphilis, bubonic plague, dengue, yellow fever, malaria, etc.

It is impossible to describe the super-excellence of this volume as well as of the preceding ones, we believe it may be taken safely for granted that every intelligent physician who deals with diseases of children has already subscribed for this monumental work.

MANUAL OF PSYCHIATRY. For the Medical Student and General Practitioner. By Paul E. Bowers, M.D., Examiner in Lunacy, State of California; Lecturer in Neuropsychiatry, Post-Graduate Medical School of the University of California, Los Angeles. Octavo volume of 365 Pages. Philadelphia and London: W. B. Saunders Company, 1924. Cloth \$3.50 net.

Most works of this nature are pretty hard for the general practitioner to read and even more difficult to understand. But Professor Bowers of the Post-Graduate Medical School of the University of California has given us a book which is not only authoritative but presents everything in such a simple, clear manner that the study of Psychiatry in this book is a pleasure and a joy. We, therefore, recommend it most strongly to every general practitioner who so often is called upon to make a diagnosis before being able to turn these cases over to specialists or sanatoria. He will be able to make a satisfactory diagnosis and institute the proper line of treatment. Indeed, if he becomes an earnest student of this book, he may well be qualified to treat the milder cases of mental disorders successfully. We most cor-

dially recommend this book to our fellow practitioners as well as medical students.

LECTURES ON PATHOLOGY. Delivered in the United States, 1924, by Ludwig Aschoff, M.D., Professor of Pathologic Anatomy, University of Freiburg, Germany, with thirty-five illustrations. Paul B. Hoeber. New York. Price \$5.00.

This volume consists of a series of lectures on Pathology by the well known Prof. Aschoff of the University of Freiburg, Germany. It is a highly scientific work and requires a thorough student of Pathology to understand its many merits.

These lectures were delivered in the spring of the present year, consisting in part of the Edward G. Janeway Lectures of the Mount Sinai Hospital in New York, the Lane Lectures of Leland Stanford University Medical School in San Francisco, the Osler Memorial Lectures of the County Medical Association in Los Angeles, the Harvey Lectures in New York, and a few other lectures delivered before the Colorado Springs Medical Society, the Yale Medical School, Mayo Clinic, etc.

All of us who are interested in modern pathology will be glad to read these most interesting lectures.

PRACTICAL DENTAL METALLURGY. A Text and Reference Book for Students and Practitioners of Dentistry embodying the principles of Metallurgy, and their application to Dentistry, including experiments by Joseph Dupuy Hodgen, D.D.S., Professor of Operative Dentistry (formerly Professor of Dental Chemistry and Metallurgy), College of Dentistry, University of California. Revised by Guy S. Millberry, D.D.S., Professor of Chemistry and Metallurgy and Dean of the College of Dentistry, University of California. Sixth edition, completely revised. C. V. Mosby Company, St. Louis. Price \$3.25.

This is the sixth edition of Hodgen's well known work on Dental Metallurgy, revised and continued by Prof. Millberry, Dean of the College of Dentistry, University of California. That this book has been used for twenty-seven years continuously as a text book in most of the dental colleges of America shows that there is not much to be said except that the present revision brings the volume right up to date and fulfills its main object of meeting the requirements of the student who expects to engage in the practice of dentistry, and as stated represents many years of practical and laboratory experience.

ANESTHESIA FOR NURSES. By Colonel William Webster, D.S.O., M.D., C.M. Professor of Anesthesiology, University of Manitoba Medical School; Chief Anesthetist, Winnipeg General Hospital; Formerly Professor of Practical Pharmacology, University of Manitoba Medical School; Demonstrator of Practical Physiology and Chemical Physiology, University of Manitoba; Pathologist, Winnipeg General Hos-

pital, Winnipeg, Canada. Price \$2.00.. C. V. Mosby Company, St. Louis.

This volume is to be highly recommended, giving in about one hundred and fifty pages a complete resume of what every nurse should know as regards anesthesia, considering in separate chapters, ether, nitrous oxide, ethylene, chloroform, local anaesthesia, etc. This volume cannot fail to be very popular among nurses.

THE CHILD HEALTH LIBRARY. Robert K. Haas, Inc., publishers, 218 W. Fortieth St., New York City.

We know of no better present both economical and useful which a doctor can make to his wife or married daughter than THE CHILD HEALTH LIBRARY, consisting of ten little volumes of about one hundred pages each including two book ends and a very complete table of communicable diseases of childhood prepared by the New York State Department of Health.

Naturally, these books should not be limited to a physician's family but can also be recommended to any intelligent person. The titles of the ten volumes are as follows: PRE NATAL CARE AND THE BABY'S BIRTH, by Harbeck Halsted, M.D., BABIES—THEIR FEEDING AND CARE, by Louis C. Schroeder, M.D., THE NEGLECTED AGE—THE CHILD FROM TWO TO SIX, by B. S. Denzer, M. D., DANGERS OF THE SCHOOL AGE, by M. Alice Asserson, M. D., COMMUNICABLE DISEASES OF CHILDHOOD by Stafford McLean, M.D., HYGIENE OF THE MOUTH AND TEETH, by Thaddeus P. Hyatt, D.D.S., WHAT A CHILD OF VARIOUS AGES SHOULD EAT, by Lucy H. Gillett, HOW CHILDREN OUGHT TO GROW, by John C. Gebhart, PSYCHOLOGY OF THE CHILD, by David Mitchell, Ph.D., EDUCATIONAL PROBLEMS, by David Mitchell.

The whole set and book ends are included in a handsome box all for the paltry sum of a few dollars. The whole race would improve 25 per cent in five years if every father and mother were compelled to read these volumes.

A TEXT BOOK OF MATERIA MEDICA FOR NURSES. By A. L. Muirhead, M. D., Late Professor of Pharmacology, Creighton Medical College, Omaha, Nebraska and Edith P. Brodie, A. B., R. N., Instructor in Materia Medica and Therapeutics, Washington University School of Nursing, St. Louis, Missouri. Second Edition. Price \$2.00. C. V. Mosby Company, St. Louis.

This book appears in its second edition, and as before we take pleasure in recommending it for the purpose for which it is intended. It contains all and more than any nurse needs on the subject of materia medica.

The subject of poisons is very complete and thorough, and all the various drugs are handled in a very satisfactory manner. We recommend it in every way.

A MANUAL OF DISEASES OF THE NOSE, THROAT AND EAR. By E. B. Gleason, M. D., Professor of Otology in the Medico-Chirurgical College Graduate School, University of Pennsylvania. Fifth Edition thoroughly revised. 12 months of 660 pages, 212 illustrations. Philadelphia and London; W. B. Saunders Company, 1924. Cloth, \$4.00 net.

Gleason's "Manual of Diseases of the Nose, Throat and Ear" now appears in its fifth edition, thoroughly revised. Newer methods of treatment have been substituted for older ones, and much new and additional material is found throughout the book, especially in the pages on local anaesthesia and biologic therapeutics. It is a very practical book and can not only be recommended to the student but also supplies the practicing physician with a splendid hand book containing everything he needs. We recommend it most cordially to our readers.

DEVELOPMENTAL ANATOMY. A Text Book and Laboratory Manual of Embryology. By Leslie B. Arey, Prof. of Anatomy at the Northwestern University Medical School, Chicago. Octavo volume of 433 pages, with 419 illustrations, many in color. Philadelphia and London; W. B. Saunders Company, 1924. Cloth, \$5.50 net.

Arey's book will at once be accepted as a standard book for medical students studying Embryology. It is a remarkably complete volume, wonderfully well illustrated, very clear and concise so that it can be readily understood by the earnest student. The volume contains three sections, the first on general development, and the second on Organogenesis, Entodermal, Mesodermal, and Ectodermal derivatives. Part three is a laboratory manual of Embryology, the whole presenting the subject in a more satisfactory way than we have every found it presented.

LANG'S GERMAN-ENGLISH DICTIONARY OF TERMS USED IN MEDICINE AND THE ALLIED SCIENCES. Edited and revised by Milton G. Myers, M. D., Neurologist to the Northern Liberties Hospital; to the Lucien Moss Home, Jewish Hospital; to St. Agnes Hospital Dispensary, Philadelphia, Pa. Third Edition Enlarged. P. Blackiston's Son & Co., 1012 Walnut St., Philadelphia.

No one except a native German physician can afford to be without a copy of a good German-English dictionary of medical terms if he is interested in German medical literature or German medical books. Myers' book answers every requirement and is brought right up to date. Since the last edition in 1913, the editor has incorporated 4,000 new terms so that this edition contains approximately 53,000 definitions. It has our unqualified recommendation.

THE FRUIT OF THE FAMILY TREE. By Albert Edward Wiggam, Author of "The New Decalogue of Science," Illustrated. Bobbs Merrill Co., Publishers, Indianapolis.

While we disagreed in many particulars with the Decalogue of Science,

we are glad, at least, to give our unqualified approval to "The Fruit of the Family Tree" which is interesting from cover to cover and dwells, of course, on the most important matter of heredity. We have found nothing in the book with which we can disagree, but on the contrary, give it our most cordial endorsement. It tells all about heredity, prenatal influences, the relationship of twins to heredity, marriages of cousins, inheritance of diseases, inheritance of brain power, woman's place in race improvement, what each one can do to improve the human race, etc. It reads like a novel and makes the whole subject very interesting.

THE MEDICAL CLINICS OF NORTH AMERICA (Issued serially, one number every month.) Volume VIII, number II, (September 1924, Chicago Number). Octavo of 273 pages and 24 illustrations. Per clinic year (July 1924 to May 1925). Paper, \$12.00; cloth, \$16.00; Philadelphia: and London; W. B. Sanders Company.

This is the Chicago number, and with due modesty we have to concede that it is better than any other issue. Among the contributors we may mention Doctors Abt, C. S. Williamson, Grulee, Hess, Mix, M. M. Portis, W. W. Hamburger, Arthur W. Elliot, E. L. Cornell, and a number of other well known clinicians. The leucemia, pneumoethiasis, aneurysm, nephritis, mucuous colitis, pyelitis and other interesting subjects are among the clinics given.

ABT'S PEDIATRICS. By 150 specialists. Edited by Isaac A. Abt, M. D., Professor of Diseases of Children, Northwestern University Medical School, Chicago. Set complete in eight octavo volumes totalling 8000 pages with 1500 illustrations, and separate Index volume free. Now ready—Volume IV containing 1271 pages with 271 illustrations. Philadelphia and London; W. B. Saunders Company, 1924. Cloth, \$10.00 per volume. Sold by subscription.

What Bickham's "Surgery" is to the surgical profession, Abt's "Pediatrics" is to the Pediatricians. The fourth volume is before us containing a large number of articles contributed by the leading Pediatricians of America among whom we may mention Professors Blackfan, of Harvard Medical School, S. Amburg of the University of Minnesota, Davison of Johns Hopkins, Fleischner of the University of California, Freidlander of the University of Cincinnati, Gerstley of the Northwestern University Medical School, Grulee of Rush Medical College, Helmholz of the Mayo Foundation, Hoobler of the Detroit College of Medicine and Surgery, Lucas of the University of California, E. Schmidt of Alexian Brothers' Hospital, and many others.

The subjects treated in this volume pertain mostly to diseases of the Lungs, diseases of the Thorax, Mediastinal Tumors, diseases of the Heart, including Congenital Malformations, the Anemias, Blood transfusion, diseases of the Spleen, diseases of the Thyroid Gland and other glands, the Adrenals, affections of the Kidneys and Bladder and genital organs.

This is also a work which cannot be sufficiently described in detail, but all that is necessary is to say that any man treating children should and must have this book in his working library.

PATHOGENIC MICROORGANISMS—A PRACTICAL MANUAL FOR STUDENTS, PHYSICIANS AND HEALTH OFFICERS. By William Hallock Park, M. D. Professor of Bacteriology and Hygiene, University and Bellevue Hospital Medical College and Director of the Bureau of Laboratories of the Department of Health, New York City.

Anna Wessels Williams, M. D., Assistant Director of the Bureau of Laboratories of the Department of Health.

Charles Krumwiede, M. D., Assistant Director of the Bureau of Laboratories; Associate Professor of Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York City.

Eighth Edition, Enlarged and Thoroughly Revised. With 211 Engravings and 9 full-page plates. Lea & Febiger, Philadelphia and New York. Price, \$6.50.

The eighth edition of this splendid work is before us, and it is hardly necessary to state that it is in every way equal to any work published on the subject if not better in many ways. The present edition has been thoroughly revised, reillustrated, and somewhat enlarged. It now conforms more closely with the grouping of the different microorganisms to the classification adopted by the Society of American Bacteriologists.

Some parts of the book have been completely rewritten, the section on immunity considerably enlarged, the chapters on paratyphoid bacilli, dysentery bacilli and other bacteria have been rewritten. And so throughout the book we note many changes. A most valuable table is found on page 292 of the book giving an excellent identification of pathogenic bacteria for the purpose of diagnosis. This chart, which measures a yard and a quarter in length, can be removed and pasted on cardboard and will be of great practical value for reference both for students as well as practicing physicians.

With the eighth edition of a book called for, it is hardly necessary to go into any further detail than to reiterate our favorable opinion of this splendid book.



Lectures in Biological Chemistry.—The Committee on Evening Courses for Chemists of the Chicago Section of the American Chemical Society has arranged for a very attractive series of lectures on the subject of Biological Chemistry. This course will be started early in January and will consist of a series of weekly lectures, presented one each week for twelve weeks. This is the only course to be presented in the winter term and is offered because of the strong interest shown by a number of members of the Section in this subject.

Professor Martin E. Hanke will give the lectures. He is associated with the Department of Physiological Chemistry and Pharmacology of the University of Chicago and is a recognized authority in this field. He presents his subject in a most pleasing manner. The subject matter of these lectures, whether general or special, will depend on the wishes of those joining the course. Those who are interested in enrolling, are asked to communicate at once for further details with Arthur Guillaudeu, 6536 S. Campbell Ave.

Fatal Accidents in the United States.—It is estimated that 84,000 deaths from fatal accidents in the United States occurred during 1923, which, according to the **Statistical Bulletin**, was 7,500 in excess of the number for 1922. The number of accidental deaths each year in the United States is now equal to the whole population of such cities as Savannah, Ga., or Evansville, Ind. Fatal accidents amount to 209 per day. Heading the list of causes is the automobile with thirty-seven deaths per day; then come falls with thirty-six deaths per day, and drowning with nineteen per day. There are eighteen persons a day in the United States killed in railroad accidents. That this mortality rate is unwarranted is shown by comparison with the rate for England and Wales where, during 1922, the fatal accident rate was 321 per million of population, while in the United States it was 698. There is in the automobile situation a single encouraging note. In a group of 135 cities in which the number of fatal accidents was known for 1922 and 1923, there were thirty-nine cities in which fewer deaths occurred in the latter year. In this group of thirty-nine cities there was a total of 1,334 deaths due to automobiles in 1922 and 1,187 in 1923, a reduction of 17.2 per cent. The most conspicuous example of life saving was in Worcester, Mass., where the number of deaths declined from twenty-six to twelve in these two years; in New Bedford, Mass., the decline was from nineteen to eight; in Berkeley, Calif., from thirteen to five; in Norfolk, Va., from eleven to five; in San Antonio, Texas, from twenty-eight to eighteen; in San Diego, Calif., from thirty-one to eighteen; in Topeka, Kan., from twelve to seven; in Flint, Mich., from twenty-one to fourteen; in Fort Worth, Texas, from sixteen to ten; in Madison, Wis., and Steubenville, Ohio, from ten to six; in New Britain, Conn., from seven to four, and in Reno, Nev., from four to one. Vigorous effort was directed toward the regulation of automobile traffic in all of these cities. The automobile continues, however, to be an outstanding hazard.

The Public Health Service Studies Influenza and the Common Cold.—The common cold is the most prevalent illness in the United States and apparently many such colds are quite contagious, says the Surgeon General of the Public Health Service, few people failing to experience at least one attack during a

twelve-month period, while many persons have three or more attacks during that time. These facts are borne out by data recently secured by officers of the Public Health Service in an investigation of influenza and the minor respiratory diseases which they are conducting at the present time.

In a preliminary report of the investigation that is now in progress, the Public Health Service shows that, among a fairly representative group of persons, only 10 per cent had no colds, while 90 per cent. had one or more colds during a five and one-half month period; the rate for the group as a whole for that period being 1.9 cold per person, or an annual rate of 3.7 cold per person should the same rate obtain throughout the year.

The cold was found to be the predominant form of respiratory attack. The relative frequency of symptoms was shown to be very much the same for all localities, and the epidemic outbreaks occurred apparently at about the same time of year in each locality. An outbreak of colds usually occurred in all localities in October, followed by a decline until the latter part of December, at which time another outbreak occurred.

It is now believed that there may be a closer correlation between the common cold and influenza than was formerly thought to exist. There seem to be cases of common cold and ordinary influenza which are almost indistinguishable clinically, and the bacteriological findings in the nose and throat of influenza sufferers and persons having a common cold are as far as the evidence goes practically the same. As a matter of fact, even in health the bacteria found in the minor respiratory diseases are nearly always present, which at once suggests that good resistance provided by physical fitness is an important line of defense, since a lowered vitality and lowered resistance favor infection. We can not depend upon physical fitness alone, however, as robust persons may apparently contract a cold from an infected person.

The investigation now being undertaken by the Public Health Service is the first nation-wide study of influenza and colds ever made, and the final results are awaited with much interest, in the hope that further light will be shed on these affections which yearly cause much suffering, inconvenience, economic loss, and, in the case of influenza, even deaths, and which, as far as their cause and prevention are concerned, are still comparatively little understood.

United States Civil Service Examination.—The United States Civil Service Commission announces the following open competitive examination:

MEDICAL INTERNE (PSYCHIATRIC)

Applications for medical interne (psychiatric) will be rated as received until June 30, 1925. The examination is to fill vacancies in Saint Elizabeth's Hospital, Washington, D. C., at an entrance salary of \$1,860 a year.

Applicants must have been graduated from a recognized medical college or be senior students in such an institution, and furnish proof of graduation within eight months from the date of making oath to the application. Applicants must not have been graduated prior to the year 1920 unless they have been continuously engaged in hospital, laboratory, or research work along the lines of neurology or psychiatry since graduation.

Competitors will not be required to report for examination at any place, but will be rated on their general education, technical training, and experience. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. civil service examiners at the postoffice or customs house in any city.

Activities of the Illinois Dept. of Health.—Over 75,000 people saw the various motion picture films shown by the State Department of Public Health

in connection with county fairs during the season that has just closed. Field units organized for educational purposes visited more than 40 fairs during July, August, September and October. Each unit was equipped with motion picture projectors and a motion picture library including more than a dozen health films.

Approximately 40,000 adults have taken advantage of an opportunity offered the past three months, to have a superficial physical examination. The work was done in connection with the state and some forty odd county fairs. While the examinations were superficial in character, involving height, weight, blood pressure, lung capacity and haemoglobin content of the blood, still they served to demonstrate the wide interest that may easily be stimulated in periodic health examinations. No treatments were given and no prescriptions were written, those examined being advised to see a practicing physician when conditions manifestly indicated the need of medical service and in all cases the value of periodic health examinations, given by practicing physicians, was emphasized. The undertaking was purely educational, so far as the health department was concerned, and seems to indicate that a well organized, periodic health examination campaign by the medical profession would receive immediate and hearty public response.

The State Department of Public Health has participated in 76 better babies conferences during this year. About half of these were conducted in connection with state and local fairs. Final figures on the number of children examined are not available at this writing but estimates indicate that the number will exceed 10,000. Several conferences have been held in which the department did not participate.

Army Nurse Corps Reserve.—There are 40,636 nurses enrolled in the American Red Cross. They constitute the reserve of the army nurse corps. These nurses may volunteer in other government departments and about 3,000 have done so. Nine hundred and sixteen are serving as public health nurses, 1,088 as instructors of home hygiene and care of the sick classes, 1,584 in the veterans' bureau nurse corps, and some are overseas with various organizations. The course in home hygiene and care of the sick aims to teach preventative measures, how to keep well, and simple nursing methods for the home, and during the year 52,706 students in private, public and parochial school, summer schools, bible institutes and agricultural colleges were under instruction. In the last ten years 355,851 women and girls have received certificates after taking this course.

French engineers plan windmills to relieve the country of its heavy burden of payment for imported coal. They would have the windmills generate electric power.

The Training Committee of Boston University insists that all girls who go in for sports this year must not smoke and must get at least eight hours' sleep each night. Six infractions of the sleeping rule will be punishable, but there must be no backsliding where tobacco is concerned.

Bright Angel Trail, at the Grand Canyon of the Colorado in Arizona, will be offered for sale at public auction in Flagstaff, Arizona, on October 20. The United States Government will be a bidder, with an offer of \$100,000.

South Africa wants to cut its own diamonds, instead of sending them to Rotterdam and Belgian cities.

Coughs and Colds

that tend to linger and fail to respond to remedies usually employed, almost always owe their persistence to inability of the body to restore a physiologic balance. Restorative and reconstructive treatment is essential and the ideal remedy is

Gray's Glycerine Tonic Comp.

(Formula Dr. John P. Gray)

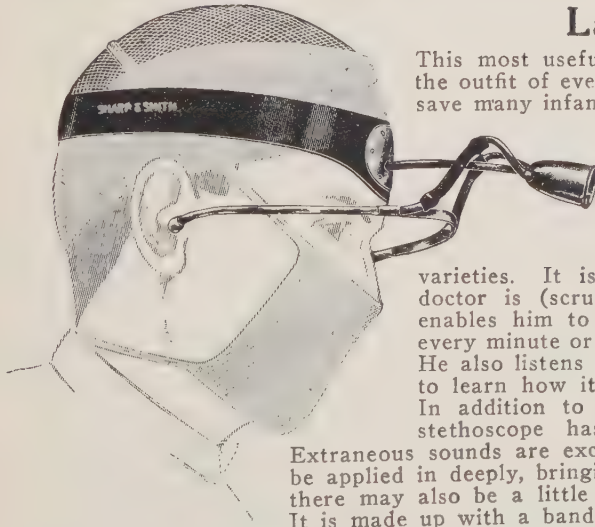
A third of a century's successful use of this widely employed reconstructive has shown countless medical men that Winter coughs and colds will not linger, if they use Gray's Glycerine Tonic Comp. from the beginning.

Used in doses of two to four teaspoonfuls three or four times a day, this dependable tonic not only increases the vitality and resistive powers of the whole body, but through its pronounced influence on the pulmonary circulation promotes the physiologic activity of the local tissues and enables them to overcome congestion and inflammation.

THE PURDUE FREDERICK COMPANY

135 Christopher St., New York

The De Lee-Hillis Head Stethoscope Latest Model



This most useful instrument should be part of the outfit of every obstetric practitioner. It will save many infants' and mothers' lives.

It was designed especially for use during the second stage of labor of both (spontaneous and operative), but it is even more useful for all the purposes of a stethoscope than the usual varieties. It is worn on the head after the doctor is (scrubbed up) for the delivery and enables him to listen to the fetal heart tones every minute or two without infecting his hands. He also listens to the mother's heart frequently to learn how it is bearing the strain of labor. In addition to this great advantage the head stethoscope has valuable acoustic properties.

Extraneous sounds are excluded; by pressure the bell can be applied in deeply, bringing it closer to the fetal heart—there may also be a little audition from bone conduction. It is made up with a band over the top of the head, with a circular fibre head band and, for easy portability, with a ribbon woven strap.

a circular fibre head band and, for easy portability, with a ribbon woven strap.

SHARP & SMITH

General Surgical Supplies

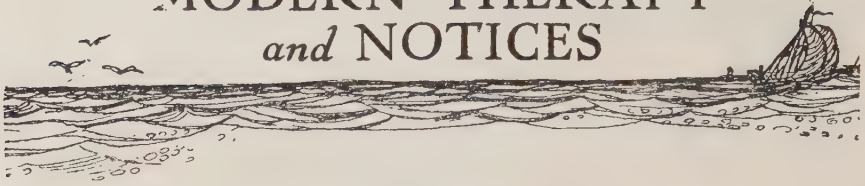
Price, \$7.50 Each

Est. 1844

65 E. Lake St., Between Wabash Ave. and Michigan Blvd., Chicago, Ill.

Inc. 1904

MODERN THERAPY *and* NOTICES



THE "IRON POOR" PATIENT

With the advent of modern food chemistry and the intensive study of nutritive values, as measured in calories, vitamins, etc., it has become more or less the therapeutic fashion to neglect some of the older facts, long established by both scientific and empiric practice. One of these is the necessity of providing a sufficient quantity of iron to maintain the normal supply of this essential metal in the organism; many patients are "iron poor" because of a faulty diet, but the point we especially desire to make is the lack of ferruginous element in milk, which food is notoriously deficient in same. The typhoid patient, or the convalescent from any long continued fever, who has been nourished principally or exclusively upon milk, emerges from his illness with a very low iron reserve in the blood and tissues. The quickest and best method of overcoming this deficiency is to administer this essential metal medicinally, in easily absorbable and promptly assimilable form. Gude's Pepto-Mangan satisfactorily meets the requirement, whether it be given in liquid or tablet form. Gude's Pepto-Mangan is now available in tablet form, and constitutes a cleanly and convenient method of administration. Samples and literature are obtainable from the manufacturers, M. J. Breitenbach Co., New York.

SUPPOSITORIES THAT ARE SAFE AND EFFICIENT

There are few physicians, probably, who would attempt to get along without the use, from time to time, of a safe and efficient suppository. While this suppository is, in the majority of instances, a palliative measure only, it is true that there exists a considerable number of cases in which operative measures are either contra-indicated, or refused. A suppository should possess astringent, styptic, antiphlogistic, antiseptic, soothing and healing properties, and, because of the fact that it has to be used continuously over considerable periods of time, it should not contain anything of a narcotic nature or any drug which might form an addiction. Micajah's Suppositories will seem to have met the indications in a most satisfactory way. Their introduction to the medical profession by strictly ethical means has been followed by a steadily increasing volume of use and professional confidence. It is very much to the interest of every physician to become acquainted with the practical value of these suppositories. If, by any chance, he has not already done so, all that remains is to write for a sample and literature to the makers, Micajah & Co., Warren, Pa.



Whole Grain—Yes But transformed into a confection

Quaker Puffed Wheat and Puffed Rice offer all the priceless food elements of the selected grains. Every kernel is steam-exploded to eight times normal size—every food cell broken to insure easy digestion and assimilation.

Puffed Grains, from the food experts' standpoint, rank as a true health dish. To the children who revel in these airy grain bubbles they seem like fairy foods.

Grown people enjoy Puffed Wheat and Puffed Rice as much as the children. They're such a welcome change from routine breakfasts.

And so many ways of serving—with sugar and cream, floated in bowls of milk, with fresh or canned fruit. And, between meals, salted and buttered like popcorn. Before bedtime, a bowl of Puffed Wheat or Puffed Rice is a boon to brain-workers, inviting peaceful sleep.

Quaker Puffed Wheat Quaker Puffed Rice



FORMULA

Guaiacol 2.6, Formalin 2.6,
Creosote 1.3 02, Quinine 2.6
Methyl Salicylate 2.6,
Glycerine and Aluminum Silicate, qs 1000 parts,
Aromatic and Antiseptic Oils, qs

**As a Respiratory
Antiseptic and
Inflammatory
Conditions—This
Formula Gives
Excellent Results**

We have the clinical confirmation of thousands of physicians to substantiate our claims for

Pneumo-Phthisine
TRADE MARK

The formula shows the secret of the success of this emplastrum, which is so valuable for the reduction of temperature and is particularly useful at this time of the year as a respiratory antiseptic.

The drugs in PNEUMO-PHTHYSINE are absorbed by the endermic route, procuring a quick and definite action, without interfering with the digestion. For this reason, it is especially valuable for children.

PNEUMO-PHTHYSINE puts a fever temperature under definite control, so that it can be held by the physician within safe limits.

It is a strictly ethical product, which is not advertised to the public.

Pneumo-Phthisine Chemical Co.

Dept. C. M. R.

220 W. Ontario St.

Chicago, Ill.

Pneumo-Phthisine Chemical Co.,
Dept. CMR, 220 W. Ontario St., Chicago.

Gentlemen:

Please send me, free of charge, a clinical trial specimen of PNEUMO-PHTHYSINE.

Dr.

Address

The reports of Menzer tend to discredit the too implicit faith placed in the use of the salicylates alone, he asserts that cases so treated are more subject to relapse than are those in which other remedies are exhibited, and that there should be incorporated with the salicylates eliminative agents which will tend to obviate injurious complications. All such requirements are fully exemplified in Tongaline, making it an ideal remedy.

AN OLD FRIEND IN A NEW DRESS

The dosage of digitalis has always been a problem—for two reasons: physiological and pharmaceutical. And these two are obviously interrelated, for unless a reliably uniform preparation of digitalis is available, how can there be uniformity of dosage, even though there may be agreement as to the physiologic effect aimed at?

The profession seems to be partial to the tincture, unless the case is one which demands hypodermic treatment; and of all the tinctures offered, the best is, undeniably, one that is made from select digitalis leaves, standardized by physiologic test, put up in small packages protected from light and air, and, of course, dated so that the physician can tell at a glance how old it is.

The reputation of Parke, Davis & Co. is such that what this house has to say about its Tincture No. 111, Digitalis, in our advertising pages, will be found well worthy of careful consideration. Further particulars, if desired, will no doubt be supplied by the manufacturers.

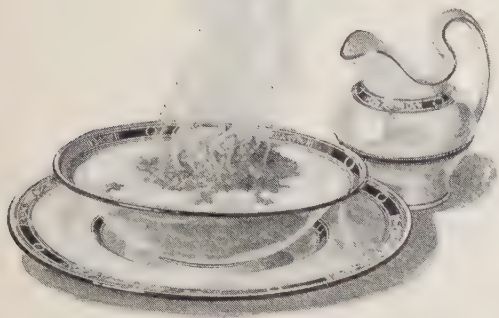
THE RAPID GROWTH OF INTRAVENOUS MEDICATION

It is very evident that intravenous injection is being rapidly adapted as a regular office and bedside technic by the general practitioner. Some years ago we heard a great deal of opposition to it, although the logic of the method could hardly be disputed. This, however, is being overcome.

The opposition, to a great extent, was the result of early attempts with large volume of extemporaneous solution. Much of it was mere prejudice. Those physicians who still oppose the method should know that the intravenous injection of many established remedies has been made a safe and practical technic.

Loeser has studied some thirty odd U. S. P. and standard remedies of established therapeutic value as to their adaptability for intravenous injection. Each drug required individual study. The action of these remedies on the blood was first ascertained by animal injections. Then by clinical trials proper dilution and dosage were ascertained. Loeser has demonstrated that in order to make the technic safe and practical 5cc to 20cc of solution should be injected instead of large volume.

Loeser's work has demonstrated that only standardized solutions, rigidly controlled by chemical, physical and animal tests are fit for intravenous injections. The solutions developed by Loeser have overcome much of the opposition, and account for the widespread use of intravenous medication.



"Oats and Milk"

*Do you approve this
Breakfast Dish?*

The proportion of calories, proteins and calcium is greater in oats than in any other cereal, authorities say. And the flavor of oats richer in Quaker, according to culinary experts.

Quaker Oats are flaked from the finest, plumpest grains. We get but ten pounds to a bushel—that's the way we get that richer, finer flavor.

So "oats" have become "Quaker Oats" throughout the world; choice grains and fresh milk the strength breakfast of people of all nations.

Standard full size and weight packages—

Medium: 1¼ pounds;

Large: 3 pounds, 7 oz.

**Quick
Quaker**

*Cooks in 3 to 5
minutes*



**Quaker
Oats**

*The kind you have
always known*

**Twenty-six years of
doing one thing
right**

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for

Medical Protective Service

Have a

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The

Medical Protective Company

of

Fort Wayne, Indiana



SAL HEPATICA LAXATIVE and ELIMINANT

Efficacious in all conditions where intestinal sluggishness arising from functional derangement of the liver and portal circulation is a factor. Sal Hepatica cleans the entire alimentary canal.

Samples for Clinical Purposes

Bristol-Myers Co.
New York



Ray—Well, I am going over to the hospital to be operated on tomorrow.
May—Good luck to you. I hope everything comes out all right.

THE DOCTOR KNOWS

Perhaps the immutable law of action and reaction is never better illustrated than by the crossness of the children after the picnic.

OCCUPATIONAL DISEASE

I only kissed her on the cheek;
It seemed a simple frolic;
But I was sick in bed a week—
They called it painter's colic.

—*Chicago Med. Rep.*

NOT A FAMILY PET

"Jim, to what family does the whale belong?" asked the teacher.

"I dunno," said Jim, awaking from a sound sleep, "no family in our neighborhood owns a whale."—*Exchange.*

THE HEIGHT OF PARSIMONY

Malcolm McGregor tells a mean yarn.

"A miserly gentleman woke up one morning," related Mr. McGregor, "and discovered his wife dead. So he went into the hall and leaning over the railing above the stairs called to the cook below:

"Cook just one egg this morning, Mary."—*Pickup.*

HOW IT HAPPENED

A lumberjack with a broken leg was taken to a hospital for treatment. After the leg had been set the nurse asked him how the accident occurred. He replied:

"You see, ma'am, it was this way: I was skyhooking for the Potlatch Lumber company and I had only one ground mule. He sent up a big blue butt that was a heavy one. I saw her yaw and yelled to him to give her a St. Croix, instead of which he threw a sag and gunned her, and that broke my leg."

"Yes," the nurse replied, "but I don't exactly understand."

"Neither do I," said the lumberjack. "That darn fool must have been crazy."—*Judge.*

AFTERWARD

Stranger—"Do you have to see a doctor before you get liquor in this town?"

R. Baker—"No, afterward."

ELECTROLYSIS

For Superfluous Hair

The only permanent cure known for superfluous hair, moles, warts, etc. I Positively Guarantee My Work to be Permanent. No Pains or Scars. I use Multiple Electrolysis (many needles), the quickest, cheapest and most reliable of all electric needle methods. Special attention to cases referred to me by physicians.

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Telephone Central 6468

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TO CLEAR THE OPERATING FIELD

Sterile, Antiseptic, Non-Irritant

Use NEET—A bland cream that removes hair without irritating the skin.

In favor with many of the medical profession for depilating in preparation for delivery. Especially valuable if patient insists on home confinement.

Useful in preparation for all abdominal operations or operations on the pubic region.

Indicated where simple ulcers on vulva make shaving difficult and painful.

Relieves patient of the discomfort and risk attending the use of a razor.

Incoming growth is slower to reach the surface than if shaved and is softer and finer than growth following the use of a razor.

A full size trial tube with complete instructions for use will be mailed without charge to any physician requesting it.

HANNIBAL PHARMACAL CO.,—612 Locust St.,—St. Louis, Mo.



PLUTO

In prescribing Pluto Water, you can be sure the patient will procure an eliminant of known potency, absolutely unvarying in its constituents. Too, Pluto Water is bottled under the most sanitary conditions and sealed air-tight in sterilized glassware. Pluto is easily procured by any patient—on sale at all drug stores.

Sample and literature to the Medical Profession on request.

FRENCH LICK SPRINGS HOTEL COMPANY, French Lick, Indiana



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X-RAY DEPARTMENT—most modern and completely equipped, including the interpretation of an Expert Roentgenologist, if desired, with Twenty Years Experience.

DRUGS AND MEDICINES analyzed for Strength—Purity—Composition.

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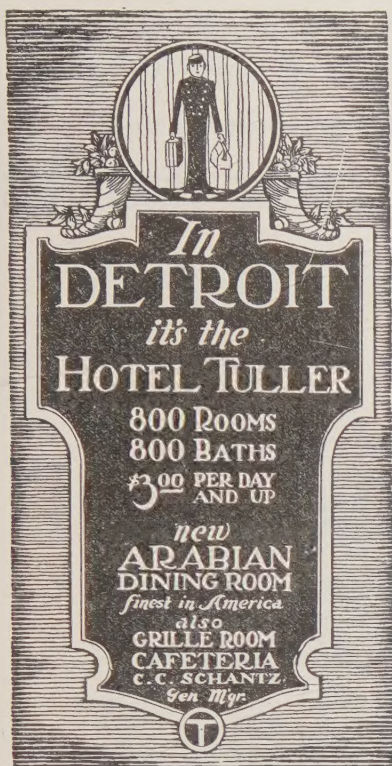
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Salvarsan Room for Doctors



Chemical Research Department



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CHICAGO

This, the newest of Chicago's fine hotels, offers quality of accommodations at rates as low as from \$2.50 to \$5.00 a day. Each room is large, airy, has private bath and is exquisitely furnished.

Get off the train at the 63rd Street or the Englewood Station and you are a few minutes from the Pershing. The right place to stay if you enter Chicago via any one of over 30 railroads, including the Michigan Central, Illinois Central, Big 4, New York Central, Pennsylvania, or Rock Island. Near the South Side hospitals and clinics.

For reservations or folder address Harry E. Rice, Pres., Rice Hotels Corporation, Cottage Grove Ave. and 64th St., Chicago.

Peacock's Bromides

An effective combination of five bromide salts that owes its exceptional therapeutic value to its purity, palatability and potency.

Indicated in headache, epilepsy, sleeplessness, uterine congestion and all reflex, convulsive and congestive nervous disorders.

Dose: One to three
drams p. r. n.

Chionia

A reliable preparation of *Chionanthus Virginica*.

Used with gratifying results in catarrhal jaundice, cholecystitis, auto-intoxication, gastro-intestinal disturbances, malarial infections and whenever cholagogue effect is desired without catharsis.

Dose: One to two teaspoon-
fuls t. i. d.

Peacock Chemical Company, St. Louis, Mo.

Sanmetto

ALWAYS a SOOTHING and CORRECTING influence
throughout the Urinary Passages

For **URETHRITIS—CYSTITIS—PROSTATITIS**
AND

For collateral use in general practice to alleviate
PAINFUL MICTURITION

Write for literature and sample.

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BROMO-SELTZER

FOR
HEADACHES

Cactina Pillets

A safe and dependable cardiac tonic that can be relied on to support, strengthen and safeguard the tired and weakened heart.

Invaluable for promptly relieving and overcoming tachycardia, palpitation, arrhythmia, tobacco heart and all cardiac ills of functional origin.

Dose: One to three
pillets t. i. d.

Prunoids

A true intestinal corrective that produces physiologic evacuations from the bowel without griping, distress or after-constipation.

Employed with conspicuous success in the treatment of constipation, intestinal stasis, auto-intoxication and whenever thorough bowel elimination is needed.

Dose: One or two tablets
as needed

Sultan Drug Company, St. Louis, Mo.

The prudent practitioner, being guided by the dictates of experience, relieves himself from disquieting uncertainty of results by safeguarding himself against imposition when prescribing

ERGOAPIOL (Smith)

The widespread employment of the preparation in the treatment of anomalies of the menstrual function rests on the unqualified indorsement of physicians whose superior knowledge of the relative value of agents of this class stands unimpeached.

By virtue of its impressive analgesic and antispasmodic action on the female reproductive system and its property of promoting functional activity of the uterus and its appendages, Ergoapiol (Smith) is of extraordinary service in the treatment of

**AMENORRHEA, DYSMENORRHEA
MENORRHAGIA, METRORRHAGIA**

ETC

ERGOAPIOL (Smith) is supplied only in packages containing twenty capsules. DOSE: One to two capsules three or four times a day. * * * Samples and literature sent on request.

MARTIN H. SMITH COMPANY, New York, N. Y., U. S. A.

You cannot standardize a plant



*Digitalis Seedling
Ready for Transplanting*

DIGITOL

A striking example of the value of standardization.

Digitol is a fat-free Tincture of Digitalis, of U. S. P. strength. Standardized physiologically and chemically. Always uniform and dependable. Supplied only in one-ounce vials, with date of test.

In spite of the utmost care at every step, from the selection of the seed to the harvesting and drying of the crop, there is still variation in plants.

In the case of drug plants, there is not only the variation in size and appearance, but also a marked variation in strength. We know this from our own experience in growing large quantities of drugs on the Mulford Drug Farms.

And yet, these variable plants are the raw materials from which the manufacturers of pharmaceuticals must make their products.

For years and years, this condition was the big stumbling block in the industry. It is to-day, with many, and the result is lack of uniformity in quality and strength of drug products.

The importance and desirability of uniformity in medicinal products need not be emphasized. Human life often depends on it.

Many years ago, the H. K. Mulford Company began to develop new and better methods for standardizing pharmaceutical products, and with the perfection of those methods disappeared the variability in Mulford Products.

While quickly told here, this standardization work required an immense amount of research and experimentation, but out of it all came a line of pharmaceutical products which is known the world over for its high standard of quality, for its uniformity and dependability.

Physicians and druggists have been quick to regard Mulford standardized pharmaceuticals as "instruments of precision" and to appreciate the advantages of prescribing and dispensing these carefully tested, uniform products.

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